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Report on the activities of the Office of Internal Oversight Services

In-depth evaluation of the Office of Human Resources Management

Report of the Office of Internal Oversight Services

Summary

As decided by the Committee for Programme and Coordination at its forty-sixth session, the Office of Internal Oversight Services (OIOS) undertook an in-depth evaluation of the Office of Human Resources Management (OHRM). The present report assesses the relevance, efficiency, effectiveness and impact of human resources activities in the United Nations Secretariat led by OHRM. The report has been reviewed by OHRM, and its comments have been incorporated, as appropriate, and appear in italics. OHRM is in general agreement with the recommendations.

OHRM faces significant challenges as the central authority responsible for:

- Performing strategic human resources planning and policy development
- Delegating human resources authority throughout the Secretariat
- Directly providing many human resources services

OIOS commends OHRM for its current efforts to lead the Secretariat towards highly effective human resources management in an environment with multifaceted challenges, complex interrelationships and an ambitious reform agenda, but notes, however, that the enormity of the Organization's human resources demands has hampered its capacity to meet them effectively.

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OHRM is striving to be highly effective, but desired results have not been fully achieved. For example:

- While staff selection time frames have improved significantly over the course of the last five years (from 351 days, on average, to 187 days) the length of the current time frame is still perceived to have a negative impact on the ability of departments of the Secretariat to achieve their mandates
- The credibility of the staff selection process is not highly rated by stakeholders with regard to facilitating promotional opportunities, identifying highly qualified external candidates and fully supporting gender balance and geographical representation goals
- The results of the mobility programme initiative also fall far short of desired outcomes
- While learning programmes are rated positively, they are not reaching all staff, and an integrated approach to the career development of the staff of the Organization is lacking.

Human resources planning, policy development and interpretative guidance provided by OHRM also need improvement. In addition, the Office must define the delegation of authority throughout the Secretariat more clearly. For example, more explicit information is needed on what given departments can decide and what decision-making authority OHRM retains. This lack of clarity is of concern because the Office is carrying out only very limited monitoring of those entities to whom delegated authority has been granted. OIOS also found that there were very limited resources available within OHRM for policy development and the provision of interpretative guidance. At the present time, and with the current level of resources, with no clear prioritization of human resources initiatives and the absence of fully transparent policies available to Secretariat management and staff, OHRM is overloaded with work. The burden of the work is affecting OHRM staff and others throughout the Secretariat who are performing human resources management functions.

OIOS acknowledges that development and communication of well-conceived, easy to understand human resources policies and delegated authorities is no easy task. While the human resources management challenges faced by OHRM and the Organization as a whole defy a simple solution, OIOS submits the following five recommendations:

- Develop an integrated framework to enhance the staff selection process, provide better support for career development and promote staff mobility
- Strengthen policy development and corresponding interpretative guidance functions
- Prioritize the implementation of human resources reform initiatives
- Clarify and streamline the delegation of authority
- Strengthen the monitoring function

Contents

		Page
I.	Introduction	4
II.	Methodology	4
III.	Background and mandate of the Office of Human Resources Management	5
	A. Organizational structure	6
	B. Recent reforms and challenges	6
IV.	Findings of the evaluation	7
	A. Remaining challenges	7
	B. Management planning and policy development	21
	C. Decreased accountability for human resources results	24
	D. Medical services	26
	E. Perception that the Office of Human Resources Management is not highly client-focused	27
V.	Conclusion	28
VI.	Recommendations	28

I. Introduction

1. At its forty-sixth session, the Committee for Programme Coordination requested the Office of Internal Oversight Services (OIOS) to conduct an in-depth evaluation of the Office of Human Resources Management (OHRM), to be presented to the General Assembly, for consideration by the Fifth Committee, at its sixty-third session in September 2008 (A/61/16 and Corr.1, para. 369). That request was endorsed by the General Assembly in its resolution 61/235. In another resolution the Assembly further requested the Secretary-General to entrust OIOS to include in the evaluation of OHRM a review of the recruitment, promotion and mobility policies of the past five years (resolution 62/236, para 36). Both mandates are addressed in the present report. The report has been reviewed by OHRM, whose comments were incorporated, as appropriate, and appear in italics. The Office generally concurs with the OIOS recommendations.

2. The overall objective of the evaluation was to assess, as systematically and objectively as possible, the relevance, efficiency, effectiveness and impact of the activities of OHRM in relation to its objectives (see ST/SGB/2000/8, regulation 7.1). When determining the scope of the present in-depth evaluation, OIOS factored in reviews that were recently completed or currently under way. Because a comprehensive review of the United Nations internal administrative justice system is under way, the evaluation did not include any in-depth analysis of that function.

II. Methodology

3. To conduct the evaluation of OHRM, OIOS utilized the following 18 qualitative and quantitative methods: (a) a self-administered, web-based survey of Secretariat managers;[1] (b) a self-administered, web-based survey of Secretariat international staff;[2] (c) a self-administered, web-based survey of Secretariat local staff;[3] (d) a self-administered, web-based survey of human resources officers and executive officers;[4] (e) a self-administered, web-based survey of human resources managers in peacekeeping missions;[5] (f) a self-administered, web-based survey of OHRM staff;[6] (g) 35 in-depth interviews with OHRM managers; (h) 17 in-depth interviews with human resources management partners located in New York and

[1] Survey conducted from 2 to 19 May 2008. From a total of 1,814 Secretariat managers, it was sent to a random sample of 612; 250 responses were received, for a 41 per cent response rate.

[2] Survey conducted from 5 to 16 May 2008. From a total of 17,571 international staff, it was sent to a random sample of 816; 335 responses were received, for a 41 per cent response rate.

[3] Survey conducted from 6 to 16 May 2008. From a total of 13,764 local staff, it was sent to a random sample of 411; 90 responses were received, for a 22 per cent response rate.

[4] Survey conducted from 2 to 18 April 2008. It was sent to all 29 executive officers and human resources officers identified by the Office of Human Resources Management; a total of 19 responses were received, for a 65 per cent response rate.

[5] Survey conducted from 20 March to 30 April 2008. It was sent to all human resources officers at 52 peacekeeping missions identified by the Field Personnel Division of the Department of Field Support, including chiefs of staff, chiefs of administration, chief civilian personnel officers and administration officers; 42 responses were received, for an 81 per cent response rate.

[6] Survey conducted from 28 January to 27 February 2008. It was sent to all 260 staff members of the Office of Human Resources Management; 112 responses were received, for a 43 per cent response rate.

offices away from Headquarters;[7] (i) site visits to the United Nations Offices at Geneva and Nairobi (a total of 25 interviews were conducted); (j) a site visit to a peacekeeping mission where 25 interviews and four focus groups with international and local staff were conducted;[8] (k) a focus group with departmental focal points for women;[9] (l) an analysis of five years of OHRM Galaxy-based recruitment and promotion data;[10] (m) an analysis of available aggregated recruitment and promotion data from the Field Personnel Division of the Department of Field Support; (n) an analysis of OHRM mandatory mobility programme data and a survey of programme participants;[11] (o) an analysis of OHRM Performance Assessment System (e-PAS) data; and (p) a desk review of recent reports on the human resources management function within the Secretariat.

4. Given the broad scope of the human resources function within the Secretariat, OIOS did not conduct an exhaustive in-depth review of all OHRM activities, but rather focused on its primary functions and an analysis of recruitment, promotion and mobility data for the past five years. OIOS did not independently verify the accuracy of all such data; while the data was found reliable overall, some vulnerabilities exist owing to the non-integrated nature of human resources-related information technology (IT) systems at the Secretariat. In addition, since reliable recruitment, promotion and mobility data for peacekeeping missions was found to be very limited, the present evaluation does not contain a significant amount of that data.

III. Background and mandate of the Office of Human Resources Management

5. OHRM is the central authority for all matters relating to human resources management in the Secretariat. According to the Secretary-General's bulletin, the Office:

> "seeks to align the Organization's human resources capacity with its mission and changing mandates and to ensure that the Secretariat can carry out its functions effectively and efficiently. It endeavours to act with sensitivity and appropriate flexibility, taking into account the provisions of the Charter of the United Nations, the mandates of the General Assembly, the Staff Regulations and the Staff Rules, as well as the principles and practices of a good employer. In developing solutions, it addresses strategic organizational needs as well as those of individual staff."[12]

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[7] Human resources partners are those entities with delegated human resources authority, including some that do not have such delegated authority.

[8] Recognizing that all peacekeeping missions face different challenges, OIOS sought input from the Field Personnel Division of the Department of Field Support to identify a larger, more established mission to visit.

[9] Survey conducted on 30 April 2008 in New York; of 14 departments/offices with a focal point, 6 participated (43 per cent).

[10] Includes staff in the Professional and higher categories and in the General Service and related categories.

[11] Survey conducted in May 2008. It was sent to 124 staff (at the P-3 and G-7 levels) who participated in the managed reassignment programme; 45 staff responded (36 per cent).

[12] ST/SGB/2004/8, para. 2.1.

6. While OHRM has delegated a significant amount of authority to programme managers, OIOS notes that it is directly responsible for the following functions:

- Formulating, implementing and monitoring all human resources policies within the Secretariat
- Administering the staff selection process
- Primary responsibility for the staff development programme, performance appraisal process and implementation of staff mobility policies
- Supporting efforts to achieve the mandate of geographical representation with regard to the composition of Secretariat staff
- Supporting efforts to meet the gender balance mandate
- Administering medical services

A. Organizational structure

7. A modified organizational structure for OHRM is to be comprised of the Office of the Assistant Secretary-General, three divisions and one autonomous service, as outlined below:[13]

(a) **Human Resources Policy Service**: responsible for policy development, interpretation and provision of advice, conditions of service and administrative law;

(b) **Strategic Planning and Staffing Division**: responsible for recruitment, staffing and administration of examinations, as well as human resources planning, monitoring and reporting;

(c) **Learning, Development and Human Resources Services Division**: responsible for development and learning; career support, performance management and mobility; staff counselling; and administrative responsibilities;

(d) **Medical Services Division**: responsible for Secretariat-wide medical policy setting, providing medical clearances, raising staff awareness on various health topics and assuring that staff have access to health awareness programmes and health care.

Under its previous organizational structure, OHRM was comprised of three divisions (number of staff assigned to each division is indicated in parentheses): the Operational Services Division (84); the Division for Organizational Development (77); and the Medical Services Division (35). For the biennium 2006-2007, the overall budget of the Office was $73,756,500, with a total staff of 206.

B. Recent reforms and challenges

8. The need for a highly qualified, independent and international civil service is clearly stated in Article 101 of the Charter of the United Nations. In this regard, OHRM plays a key role in ensuring that United Nations entities have the human resources to achieve their mandated objectives. In an effort to adapt the human

[13] The reorganization will be reported on in the context of the first performance report (see ST/SGB/2004/8, para. 2.1, for the previous organizational structure).

resources function of the Secretariat to the changing organizational environment, Member States have endorsed a number of important human resources reform initiatives,[14] emphasizing the need to maximize the institutional effectiveness of the Organization and highlighting the importance of multi-skilled, versatile and mobile staff, able to work in all areas of the Secretariat. A paradigm shift to a new culture of empowerment, responsibility, accountability and continuous learning has been called for and the importance of strategic human resources management has been emphasized. Progress on these initiatives has been documented in a number of reports.[15]

9. Research literature identifies certain human resources functions as being critical to the long-term success of organizations. Highly effective human resources management begins with selective recruitment, that is, proactive attention to the recruitment of the best available candidates. Significant and continuous attention must be paid to the training and development of an organization's staff, including attention to traditional training, strategic attention to performance assessment, the identification of promotional opportunities that match organizational needs and a focus on succession planning. Research on human resources management also reveals the need for organizations to promote teamwork, emphasize empowerment and proactively manage diversity, as well as to focus on staff as clients. Organizations are also encouraged to structure jobs in a way that promotes flexibility. Finally, knowledge management and increased communication with all staff members are acknowledged as crucial to highly effective human resources management. Simultaneous, effective execution of these functions is an enormously challenging task.

10. A strong human resources management infrastructure at the Secretariat is necessary in order to meet the significant challenges in this area. Three pillars of the infrastructure include: (a) sufficient human resources capacity; (b) a clear and effective accountability structure; (c) an organizational environment that supports and promotes a highly effective human resources management function; and (d) robust centralized systems for human resources data. Organizations without a solid foundation in these areas cannot effectively utilize their important human resources to achieve their mandates.

IV. Findings of the evaluation

A. Remaining challenges

11. OIOS commends OHRM for its current efforts to lead the Secretariat towards highly effective human resources management in an environment with multifaceted challenges, complex interrelationships and an ambitious reform agenda. OHRM is the central authority within the Secretariat for all matters relating to human resources management. In that capacity, it seeks to ensure: the selection of the most

[14] Important General Assembly resolutions on human resources reform since 1997 include: 51/266; 59/266; 57/305; 60/238; 61/659 and 61/244. Reform initiatives prior to 1997 include: the 1997 report of the Secretary-General "Renewing the United Nations: A Programme for Reform" (A/51/950) and subsequent reports (A/57/387 and Corr.1; A/59/2005; A/60/692; and A/61/255).

[15] See, e.g., A/61/228, A/60/692, A/61/319, A/61/257, resolution 60/238 and various oversight reports.

qualified candidates for posts; the development of multi-skilled and mobile staff; and the achievement of mandates requiring gender balance and geographical representation. The Office, as a service delivery function, also seeks to achieve a high degree of client satisfaction. OIOS acknowledges two important points with regard to the role of OHRM in achieving those results. First, the Office delegates human resources authority throughout the Secretariat. As a result, many such functions are not performed directly by OHRM, although it is responsible for monitoring their implementation. In particular, significant authority has been delegated to the Field Personnel Division of the Department of Field Support. Secondly, effective strategic planning and policy development are crucial to the achievement of the human resources management results identified above; OHRM has Secretariat-wide responsibility for these planning and policy development functions. The present evaluation report presents, inter alia, recommendations related to planning and policy development (see paras. 55-64 and 77-79 below); and delegation of authority and monitoring (see paras. 65-71 below).

1. Staff selection process

12. OIOS notes that strategic talent management depends on a staff selection process that: identifies the most qualified candidate for a given post; is timely; and promotes identification of well qualified internal candidates with a proven track record, experience and skills so that they can be promoted to key positions that utilize their skills. An organization's staff selection process should be credible in the eyes of staff, management and other stakeholders. In the case of the United Nations Secretariat, this includes facilitating the implementation of the mandate to achieve gender balance and geographical representation among its staff.

(a) Time frames

13. The OIOS analysis of OHRM Galaxy data reveals that recruitment and promotion time frames for Galaxy-based staff selections have improved over the past five years (see table 1). In 2003, it took an average of 351 days for a Galaxy staff selection. By 2007, the time had been shortened to 187 days. By 2007, staff selections involving "lateral" movements took the shortest period of time — 144 days on average. Initial recruitments took the longest — 247 days on average. OIOS also notes that the selection of rostered candidates, involving a new recruit or promotion of an internal candidate, took 152 days. This is shorter than the overall staff selection average of 187 days, indicating that rosters do shorten hiring and promotion time frames. In 2003 and 2004, before the introduction of the roster system, the average number of days to select a candidate was 351 and 290, respectively. Clearly rosters have contributed to the goal of a shorter time frame for the staff selection process. *OHRM states that the main reasons for the reduction in the time frames for selection are the change from the previous paper-based process to the current one that uses an electronic staffing tool based on fewer steps.*

Table 1
Average number of days from the creation of a vacancy announcement to start date on the job

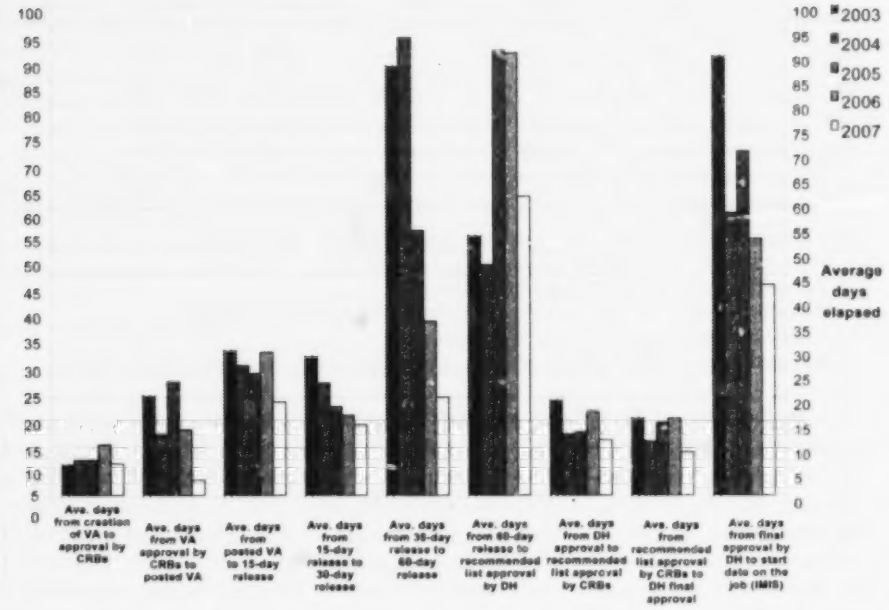
	Promotions[a]	*Recruitments/ initial*[b]	*Recruitments/ other*[c]	*Lateral movements*[d]	*Rostered*[e]	*Total average days*
2003	400	398	398	208	n/a	351
2004	207	372	331	252	n/a	290
2005	207	394	332	252	245	286
2006	397	343	285	198	177	280
2007	164	247	227	144	152	187

Note: Based on data from the Integrated Management Information System
[a] Promotions (n=3262): internal candidates promoted to a higher level.
[b] Recruitments/initial (n=393): external candidates.
[c] Recruitment/other (n=588): external candidates with a previous appointment.
[d] Lateral movements (n=214): internal candidates.
[e] Rostered (n=62): all candidates, internal or external, who were selected from a roster.

14. In the case of Secretariat positions advertised in Galaxy, some steps in the process have consistently taken longer than others. As seen in figure I, during most of the last five years the following steps took the longest: the period between the 30- and 60-day release of eligible candidate lists, which involves eligibility determinations by OHRM; the period between the 60-day release and approval of the recommended list by the department head, a step that is primarily in the hands of the department and involves evaluating, interviewing and creating the recommended list; and the period between the approval by the department head and the selected candidate's start date on the job, which involves multiple processes and decision makers.

15. By 2007, the average number of days to perform two of these longer staff selection steps had been significantly reduced, including, impressively, a reduction in the period between the 30- and 60-day release from an average high of 93 days in 2004 to 20 days in 2007. In addition, the average number of days from the time of the final approval by the department head to the selected candidate's start date on the job was reduced from 90 days in 2003 to 43 in 2007. *OHRM states that it should be clarified what is meant by the reduction of the time between the 30- and 60-day releases from 93 to 20 days. It seems that the average numbers used by OIOS include posts in the General Service and related categories, which have a deadline at the 30-day mark and would, therefore, not have any releases at the 60-day mark. As a result, the inclusion of General Service posts would severely skew the result towards a lower number.* OIOS acknowledges that both General Service and Professional level posts were used for this analysis. However, there is evidence that the reduction may also be due to the larger proportion of lateral movements and rostered candidate selections.

Figure I
Cumulative summary by year (promotions, initial recruitment, recruitment other, lateral and rostered)



Key: VA=vacancy announcement; CRBs=central review bodies; DH=Department head.

16. Comparable data on recruitment and promotion time frames were not available from the Field Personnel Division of the Department of Field Support for peacekeeping missions. Based on a sample of 50 recruitment exercises performed in 2007, utilizing mission-specific vacancy announcements, the average number of days from the issuance of a vacancy announcement to the entry-on-duty of a staff member, as recorded in IMIS, was 139. OIOS found no fully reliable data on the length of different steps for recruitment for peacekeeping posts. There is some evidence that, after the selection process is completed, medical clearance of new staff members is the most time-consuming aspect of recruitment procedures.[16]

17. OIOS was unable to identify recruitment timeline benchmarks for an organization comparable to the United Nations Secretariat. Despite recent improvements in Secretariat recruitment and promotion time frames, perceptions persist that the staff selection process takes too long. A majority of Secretariat managers (66 per cent), including those in peacekeeping missions, rated the timeliness of this process as "very poor" or "poor". Additionally, Secretariat managers identified the length of the staff selection process as the biggest human

[16] May 2008 data provided to OIOS by the Field Personnel Division; based on November 2006-December 2007 supertrack system data, the initiation of medical clearance process took 21 days, on average.

resources challenge they face. Human resources officers and executive officers also gave timeliness a low rating, with 7 of 19 respondents assigning a rating of "very poor". Finally, Secretariat staff, including peacekeeping mission staff, rated timeliness of the selection process similarly, with 60 per cent rating it "very poor" or "poor". While senior management compacts and human resources action plans contain vacancy rate reduction goals, they do not establish any timeliness targets for the staff selection process. *OHRM states that it is working on measures to further reduce the time frames for recruitment. At its twenty-ninth session, the Staff-Management Coordination Committee agreed to such measures in relation to the current staff selection system. In addition, a different process of recruitment has been proposed by the General Assembly and is currently under review. The Assembly has mandated a period of 60 days for the announcement of vacancies, as confirmed in its resolution 59/266.*

18. Throughout the Secretariat, managers cited the length of the staff selection process as negatively impacting their ability to fulfil departmental mandates. OIOS notes that the 2007 average staff selection time frame of 187 days for Galaxy-based selections does not include time prior to the creation of the vacancy announcement in the Galaxy system, and managers surveyed by OIOS reported that this preliminary step of classifying a job, when necessary, can be one of the most time-consuming parts of the process. Another step that constitutes one of the longest delays for Galaxy-based selections is between the 60-day release and the approval of the recommended list by the department head prior to submission to the central review body. As indicated above, during this step the department has full control over the process. Managers and others to whom staff selection authority has been delegated offered the following reasons for delays at this stage: the role managers have been delegated involves multiple time-consuming steps; managers are asked to perform these functions in addition to their primary responsibilities; and there is a lack of clear policies and procedures, leading to different interpretations that take time to reconcile. OIOS finds it likely that some combination of these factors is leading to delays associated with this time-consuming step in the recruitment/promotion process. *OHRM states that guidelines have been issued on how programme managers should conduct the reviews of candidates, and that they will be updated. Savings in time could be found at that step, too, in particular by designing and using the new talent management support tool to provide more sophisticated support for the review of candidates and assist in identifying the best candidates for each vacancy.*

(b) Shortcomings associated with Galaxy, the Integrated Management Information System and peacekeeping mission information technology systems

19. OIOS found that IT systems for human resources functions do not support efficient processing of human resources transactions and that planning for the new enterprise resource planning system requires the investment of significant OHRM resources. While this forward planning is both appropriate and necessary, staff members engaged in the development of the new system are the same staff responsible for maintaining and updating current systems. Given both the complexities of the old IT systems, as well as those associated with the new system, the question arises as to whether sufficient resources are available to properly maintain current systems and provide sufficient input into the design process for the new one. Both activities are labour intensive and require attention by individuals

with significant institutional knowledge, but interview and survey data reveal insufficient resources to perform both functions simultaneously.

20. Current human resources IT systems users do not report high levels of satisfaction. Many human resources officers and executive officers rated Galaxy and IMIS only "fair" in supporting their department's work. The OHRM help desk that provides support for Galaxy and IMIS, including the issuance of index numbers, is rated even less favourably. Close to half of the survey respondents rated this function as "poor" or "very poor", stating that the human resources help desk needs to improve, that IMIS is not functional as a support tool and that Galaxy does not support efficient human resources management. Many Secretariat managers, who also rely on these IT systems for support, provided negative feedback, indicating that they were either "somewhat dissatisfied" or "very dissatisfied" with the Galaxy and IMIS systems, as well as with the OHRM IT help desk. Finally, one fifth of OHRM management and staff volunteer that the IT infrastructure is the human resources function needing most improvement.

21. OIOS found several problems with both IMIS and Galaxy. One IMIS-related problem involves transferring employee scripts. When staff members transfer between duty stations, their electronic data cannot be transferred without human intervention. Therefore, significant OHRM resources are needed to perform this work, backlogs accumulate and staff members frequently go without timely salary and entitlement payments. The eligibility checks OHRM performs provide an example of Galaxy limitations. Survey and interview data reveal that Galaxy does not offer sufficient functionality to efficiently perform the very large number of eligibility checks necessary, resulting in a lengthy process that contributes to staff selection delays. One OHRM manager stated, in reference to the current staff selection process, that "OHRM has to spend half of its time performing eligibility checks because Galaxy was not designed to show the things that we want to see". OIOS notes that complicated eligibility rules also contribute to inefficiencies associated with the eligibility checking process. *OHRM states that Galaxy will be replaced by a new talent management support tool that will address the deficiencies of the current tool.*

22. OIOS attempted to obtain peacekeeping mission recruitment, promotion and mobility statistics for 2002-2007 and found significant gaps in the information that the Field Personnel Division of the Department of Field Support could provide. Current IT systems for supporting and tracking peacekeeping mission human resources management functions can only produce fragmented, inconsistent data. For example, universal, reliable data on staff recruited and the average time for recruiting or moving staff member to higher levels are not available. This leaves peacekeeping staff in a challenging position. They are without the information they need to manage peacekeeping human resources effectively. Also, the Field Personnel Division and mission staff spend significant amounts of time and effort in tracking and retrieving statistical information that does not fully meet either their needs or those of the Organization.

(c) Perception that the staff selection process is not fully effective in facilitating promotional opportunities

23. Highly effective human resources management also requires strong talent management. The OHRM mandate to support the achievement of a multi-skilled and

mobile staff necessitates that it identify well-qualified, experienced internal staff who can be promoted, or moved laterally, to meet the needs of the Organization, while at the same time recruiting external candidates, who bring valuable skills and new perspectives to the Organization. Organizational benefits associated with the promotion of internal staff include the following: they have a track record with the Organization that can be assessed in line with required core competencies; they possess significant institutional knowledge; and the internal promotion of qualified candidates serves to motivate other staff. Conversely, if qualified staff members perceive that promotional opportunities do not exist, or are decided unfairly, the result may be a disenfranchised, potentially less effective staff.

24. Promotion outcomes associated with the current Secretariat staff selection process are not highly effective from the perspective of managers and staff. OIOS asked Secretariat managers to rate the staff selection process in terms of the degree to which it supports their efforts to promote qualified internal candidates. Only 2 per cent of management respondents rated the ability of the staff selection process to promote good internal candidates as "excellent", 27 per cent as "good", 27 per cent as "fair", 24 per cent as "poor", and 14 per cent as "very poor". Furthermore, a number of managers volunteered that their biggest human resources challenge is the fact that current Secretariat systems do not allow them to reward or promote high performers. OIOS notes that "reward" does not necessarily mean promotion.

25. Feedback from Secretariat staff on promotional opportunities was also not favourable. Over half of Secretariat staff rated the staff selection process as "poor" or "very poor" in terms of supporting their efforts to identify promotion opportunities that matched their skills and experiences. Furthermore, Secretariat staff reported negative perceptions of promotional outcomes. Fifty-one per cent of Secretariat staff members did not believe that hard work and skills development would result in promotion.

26. However, an OIOS analysis of Galaxy data indicated that, for the five-year period between 2002 and 2007, approximately 78 per cent of staff selections resulted in the selection of internal candidates and 22 per cent resulted in selection of external candidates (see table 1).[17] The data indicated that significant numbers of internal candidates are getting promoted and moving laterally. At the same time, based on OIOS survey and interview data, the staff selection system is not perceived by either group of critical stakeholders, management or staff, to be effective in supporting the Organization's needs or the career aspirations of its staff. These negative perceptions raise questions about the degree to which the staff selection process effectively supports the achievement of a multi-skilled, mobile Secretariat staff. OIOS notes that a number of factors may contribute to this situation. Given that the number of promotional opportunities decreases at the higher post levels, tension resulting from the gap between staff expectations and available posts may contribute to negative staff perceptions. Lack of effective communication between staff, management and OHRM may also be a factor. Negative management perspectives (see para. 27 below) may also be influenced by the perceived accountability of managers for gender balance, geographical representation and meritocracy mandates, as well as their ultimate accountability for achieving their

[17] Percentages are calculated without rostered candidates because an internal/external designation was not available for them.

programme mandates. Survey and interview data results outlined in the section below provide additional insights.

(d) Low credibility of the staff selection system: remaining challenges in achieving gender and geographical representation goals

27. Credibility of the staff selection process is low. Key stakeholders, including staff and managers, perceive a lack of transparency and question the fairness of staff selection outcomes. Over half of Secretariat staff rated transparency of the selection process as "very poor" or "poor" and only 2 per cent as "excellent". Staff ratings on the application of competency-based interviews were only slightly more favourable, with most respondents rating this as only "fair" and the remainder equally split between negative and positive perceptions. The majority of Secretariat staff reported that they did not perceive the selection process resulting in selection of the most qualified candidate. Twenty-seven per cent of managers rated transparency as "fair", with the remaining respondents split equally between negative and positive perceptions. OIOS notes that, despite OHRM initiatives such as the promotion of competency-based interviewing, desired outcomes are not being fully achieved.

28. OIOS notes more positive results with regard to staff perceptions related to non-discrimination. The majority of both international and local Secretariat staff perceived the selection process to be non-discriminatory with regard to ethnicity, race and gender.

29. In a focus group discussion, most departmental focal points for women reported their perception that the current staff selection process may not be the strongest vehicle for the achievement of gender balance and geographical representation. They stated that the current mandated role of the central review board does not significantly contribute to the better achievement of those goals. Departmental focal points for women and other stakeholders also perceived that departments were not being held accountable for senior management compacts and human resources action plans including gender and geographical representation targets. Many managers cited a different viewpoint, arguing that meeting these targets was not always realistic when factoring in the different levels of skill, geographical status and gender of available candidates. They report that it is often difficult to simultaneously comply with gender balance, geographical distribution, meritocracy and non-discrimination mandates. Some stakeholders suggested that OHRM needed to increase recruitment outreach to women and nationals of underrepresented countries in order to increase applicants possessing the desired skills. The Office of the Special Adviser on Gender Issues and Advancement of Women is located outside OHRM and has no explicit decision-making role in the staff selection process.

30. The OIOS analysis of OHRM Galaxy recruitment, promotion and lateral movements data for 2003-2007 shows gender differences. As shown in table 2, the proportion of newly recruited males at the Director (D) level was significantly higher than that of females (69 per cent versus 31 per cent).[18] Promotions to that level were also much more likely to go to male candidates (65 per cent male versus 35 per cent female). However, lateral movements at the Director level were more

[18] Of 49 new recruitments in 2003-2007, 34 (69 per cent) were male and 15 (31 per cent) were female. Data on the percentage applicants that were male/female was not available.

likely to affect female candidates. As seen in the table, that pattern is generally the same at the P-5 level, with recruitments and promotions more likely to go to men. The trend changes somewhat at the P-3 level. While recruitments of new staff were still more likely to be males, more females were promoted to the P-3 level (57 per cent versus 43 per cent). OIOS performed a trend analysis and found no notable changes in this pattern over the course of the last five years. In the case of General Service and Trades and Crafts posts (GS and TC), the analysis results need to be viewed factoring in the disproportionately female composition of General Service staff and the disproportionately male composition of staff in the Trades and Crafts category. The OIOS analysis shows disproportionately female movements across the board for General Service staff and disproportionately male movements for posts in the Trades and Crafts category.

Table 2
Aggregated recruitment, promotion and lateral move data 2003-2007
(Percentage)

	New recruitments		*Promotions*		*Lateral moves*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
Director (all)	69	31	65	35	62	38
Professional and higher category (all)	72	28	50	50	54	46
P-5	84	16	58	42	75	25
P-4	78	22	47	53	51	49
P-3	62	38	43	57	48	52
General Service (all)	45	55	32	68	24	76
Trades and Crafts (all)	100	0	97	3	100	0

31. OIOS did not independently analyse recruitment, promotion and lateral movement data to assess progress towards the achievement of geographical representation (for complete data on Secretariat progress in this area, see A/62/315). Analysis contained in a report of the Secretary-General on the composition of the Secretariat indicates that

> "During the period from 1 July 2005 to 30 June 2006, 219 appointments were made under the system of desirable ranges ... Of that total, 4 appointments (1.8 per cent) were of nationals of unrepresented Member States, 19 (8.7 per cent) were of nationals of underrepresented Member States, 146 (66.6 per cent) were nationals of Member States that were within the desirable range and 49 (22.4 per cent) were nationals of Member States that were overrepresented as at 30 June 2005."[19]

2. Managed reassignment programme

32. The goal of the mobility policy, set out in multiple mandates, is to develop a more versatile, multi-skilled and experienced international civil service and to

[19] A/61/257 and Corr.1, para. 74.

promote greater integration among staff throughout the Secretariat.[20] Beginning with a mobility initiative communication programme in 2005, OHRM sought to make this mandate operational. OHRM also expanded the career development programme, offering special career development workshops and establishing career resource centres at major duty stations.

33. As noted in the report of the Secretary-General on implementation of the mobility policy (A/62/215), the policy encourages staff movement both through the managed reassignment programme and voluntary application by staff for posts under the staff selection system. In addition, the policy encourages staff to seek opportunities for mission assignments, other temporary assignments and service opportunities with organizations of the common system.[21] OIOS analysed OHRM data on managed reassignment programme results to date. This analysis, including survey and interview data from participants in the managed reassignment programme and other Secretariat staff and managers, is provided below. OIOS acknowledges that additional Secretariat staff may have moved proactively in response to mobility requirements and OHRM activities and that the Secretary-General, in conjunction with OHRM, has established benchmark data on the following indicators: "all promotions"; "all reassignments within department/office"; "all transfers between departments/offices"; "all assignments other than a field mission"; "all assignments to a field mission"; and "all inter-agency mobility".[22] OHRM has indicated that 2002 and 2006 benchmark mobility data will be utilized as the baseline for future reviews.

34. OIOS acknowledges the significant challenges OHRM faces in its efforts to achieve desired mobility outcomes, including: work-life issues, such as the difficulty faced by dual-career families; the need to maintain institutional capacity; limitations of human resources IT systems, including inaccurate employee records; and leading Organizational change in a large, complex environment. In addition, since United Nations staff members are employed in many different occupational groups, not all of which are relevant in all duty stations, OHRM needs to match staff skills with job requirements through the creation of a compendium of possible movements. *OHRM states that an intersessional working group on mobility, comprising staff and management, was established following the meeting of the Staff-Management Coordination Committee in June 2007 in order to monitor the implementation of the mobility policy. Its findings, conclusions and recommendations will be included in the report of the Secretary-General on implementation of the mobility policy to the sixty-third session of the General Assembly.*

(a) Low participation

35. Based on OHRM data, the number of staff moving to new posts as a result of the managed reassignment programme has been low (see table 3). Including mandated participants and voluntary participants, only 100 staff members moved to new posts between February 2006 and July 2008, and of that number, only 39 staff in the Professional and higher category moved to posts at a new duty station. No

[20] See resolutions 49/222, 51/226 and 53/221; ST/SGB/2002/5; ST/AI/2002/4; and resolutions 57/305, sect. II, paras. 47-53, and 59/266, sect. VIII.

[21] A/62/215, para. 53.

[22] Ibid., paras. 45-52.

staff moved from a Headquarters post to a post in the field. *OHRM acknowledges that required participation in the managed reassignment programmes has been very low. However, this is directly attributable to the increase in the mobility index from 2002 to present. According to data derived from human resources action plans, staff mobility increased from 10.8 per cent in 2002 to 21 per cent in 2006, and to 27.6 per cent in 2007.*

Table 3
OHRM mobility programme's participation and results

	Voluntary reassignment programme		*Managed reassignment programme*	
	No. of participants in the programme/ No. of participants assigned to a new post	*Percentage of participants assigned to a new post*	*No. of participants in the programme/ No. of participants assigned to a new post*	*Percentage of participants assigned to a new post*
P-2	35/13	37	65/38	58
P-3	68/0	0	44/16	36
P-4	46/0	0	31/7	23
G-6	13/0	0	97/20	21
G-7	3/0	0	37/10	27
Total	**165/13**	**8**	**274/87**	**32**

36. OIOS notes that, while data on participation in the managed mobility programme is available, OHRM mechanisms for identifying and tracking self-initiated mobility movements have limitations. OIOS acknowledges the challenges associated with quantifying all mobility results, but considers that the current plan, that is, to use all 2002 and 2006 movements Secretariat-wide as a benchmark to measure mobility policy results, including the use of senior management compacts and human resources action plan mobility indices, needs further development. Consideration should be given as to whether this all encompassing movement data provides an appropriate indicator of the results of the mobility policy and of how causality for changes in comprehensive Secretariat-wide staff movement data can be identified.

(b) Negative experiences

37. OIOS surveyed the 124 staff members (P-3 and G-7 levels) who participated in the managed reassignment programme. An overall response rate of 36 per cent was achieved, although not all respondents answered all questions. The majority of respondents reported their overall satisfaction level as negative, with a full 63 per cent rating their overall satisfaction as "very negative". The staff members described their experiences as: "deeply disappointing"; "traumatic"; and "unrealistic". One staff member wrote that "the programme has wasted time and resulted in division and confusion among Secretariat staff and managers". OIOS found this particularly worrisome, given that many participants expressed a commitment to the principles of the mobility programme or indicated that they approached the exercise with a positive outlook.

38. Many of the respondents (14 of 22) also reported that the mobility programme had had a negative impact on their careers. In particular, participants reported that their professional knowledge, capabilities and qualifications were not duly considered. The very limited number of posts available to move to was also cited as problematic by many respondents, and a few shared the perception that their supervisor's interests and actions were not aligned with their own.

39. Finally, approximately one third of the respondents (11 of 38) reported receiving inadequate support from OHRM, citing incorrect OHRM data (e-fact sheets), significant time spent in attempting to correct such data, confusion about mobility policies and enquiries to OHRM that went unanswered. OIOS notes that, given the potential life changes associated with job movements, the stress associated with a lack of effective communication should not be underestimated. A few respondents also volunteered that the managed mobility programme had a negative impact on their productivity.

(c) Questions about effectiveness

40. Secretariat managers share the perceptions of staff directly involved in the managed mobility programme initiative. Almost 70 per cent of managers with an opinion on the subject rated the overall effectiveness of the programme negatively. The impact of the programme on increasing the number of multi-skilled staff and increasing the numbers of staff with field and Headquarters experience were both rated negatively. In addition, managers did not believe that the programme contributes to increasing institutional knowledge. These negative perceptions are in contrast, however, to their commitment to the principles behind the mobility initiative. Thirty-five percent of Secretariat managers responded that a mobility programme was a good idea. One major concern expressed is that the programme is not tailored enough: it does not allow for sufficient matching of skill requirements and staff skills. Another concern is that the programme has the potential to result in a loss of institutional knowledge. Concerns about the degree to which the programme is being applied consistently to different departments and staff members were also expressed.

41. OHRM managers expressed similar reservations, reporting that the current mandate makes it difficult to simultaneously promote thoughtful, appropriately tailored career development and to implement the mobility initiative mandate. OHRM managers also reported that large amounts of time are needed to implement the current mobility initiative, diverting them from carrying out other mandated activities.

3. Learning programmes: successes and challenges

42. Staff members, managers, human resources officers and executive officers generally rated the OHRM learning programme highly. Over 70 per cent of Secretariat staff and almost 60 per cent of managers reported that they were "satisfied" or "very satisfied" with the overall effectiveness of OHRM training courses. In particular, core competency skills courses were given high ratings. Managers also rated managerial competency training courses positively.

43. OIOS notes with concern, however, that most Secretariat staff members are not spending any appreciable amount of time in OHRM training courses. Of the managers who provided feedback, 46 per cent reported that they spent no days

during the last year in OHRM training, 19 per cent spent 1 to 3 days, 20 per cent spent 4 or 5 days, 10 per cent spent 6 to 10 days and 5 per cent spent 11 to 15 days. In the case of non-managerial Secretariat staff, 43 per cent spent no days during the last year, 24 per cent spent 1 to 3 days, 13 per cent spent 4 to 5 days, 8 per cent spent 6 to 10 days, 10 per cent spent 11 to 15 days and 2 per cent spent more than 20 days in OHRM training. Both managers and staff cited lack of time and workload demands as the main reasons for the low level of participation, followed by insufficient knowledge of and lack of interest in the training courses offered.

44. International and local staff at peacekeeping missions who participated in OIOS focus groups reported that learning programme opportunities at missions were insufficient. The staff expressed concern that there was not enough training and that training offered was not sufficiently specific to their needs.[23]

45. Over the course of the 2008-2009 biennium, financial resources for training at the Secretariat became more limited owing, specifically, to a $3 million increase for training approved in 2006 that has not been renewed to date.[24] OHRM managers perceive this as a very significant cut in the training budget funds. They point out that training investment benefits cannot be fully realized in one year and that ongoing investment is needed to support the staff development mandates that OHRM has been tasked with. In addition, most managers, human resources officers and executive officers reported dissatisfaction with the adequacy of current learning programme resources. OIOS finds that the current funding level leaves OHRM with the significant and challenging task of improving the skills level of the workforce Secretariat-wide and ensuring a mobile, multi-skilled and versatile staff, in line with mandated Secretariat human resources reform, with limited resources.

46. Key components of career development support include: learning programmes; clear and flexible career paths; career counselling; and a performance appraisal system that promotes dialogue on career aspirations. Organizations with highly effective career development support perform each function well and ensure they are fully integrated.

47. A recent evaluation conducted for the OHRM Learning Section concluded that a gap exists between individual staff development programmes and a coherent career development strategy, including tools to leverage impact.[25] That evaluation found that learning programmes were "mandatory but not linked to anything". The OIOS survey and interview data confirm this; over 60 per cent of Secretariat managers do not think that OHRM is effective in promoting career development and over half of the respondents reported that OHRM activities in this area are "not at all effective". Managers and other human resources partners point to career development shortcomings, including the lack of clearly defined career paths that support organizational needs and the development of a multi-skilled, mobile Secretariat workforce. OHRM management staff acknowledge that current job classifications are constraining and do not support flexible career paths for Secretariat staff. In addition, some managers state they should have a clearer, more

[23] OIOS notes training budgets for peacekeeping missions are not part of the regular training budget. They are managed by the Department of Field Service and the Department of Peacekeeping Operations through extrabudgetary resources.

[24] See resolution 61/244, sect. V, para. 4.

[25] External evaluation of staff development programmes, 2000-2003 and 2004-2007, conducted by QED Consulting, July 2004 and January 2008.

explicit role in their staff's career development, noting that the current framework does not fully promote such activity. OIOS acknowledges the challenges OHRM faces in the area of career development; a natural tension exists between good organizational career development planning and the need to avoid building up promotion expectations.

4. The Performance Appraisal System as a work planning tool

48. Employee performance appraisal systems that are fully integrated into other career development mechanisms can be important tools, both for managing performance and supporting staff skill and career development. OHRM managers acknowledge, however, that a strong link between the Secretariat Performance Appraisal System (e-PAS), participation in learning programmes and strategic development of staff skills and career paths has not yet been fully established. For example, staff performance appraisal information is not consistently considered during the staff selection process, and almost half of staff respondents reported that they do not see the e-PAS as an effective tool for career development. In addition, more than half do not see any relationship between their performance appraisal and promotion opportunities. More than half of Secretariat managers either "disagree" or "strongly disagree" that e-PAS is being used effectively to support departmental efforts to promote the most qualified candidate.

49. Regarding e-PAS as a tool for setting expectations, many respondents considered it useful. More than 50 per cent indicated that their e-PAS experiences have provided them with useful knowledge about their manager's performance expectations. Similarly, more than 50 per cent reported that their e-PAS experiences have included a useful two-way dialogue with their managers.

50. OHRM data indicates that the e-PAS compliance rate for Secretariat staff has been 81 per cent for the past three cycles.[26] Thus, for 19 per cent of Secretariat staff, the opportunity to plan assignments, agree on performance expectations and receive formal feedback was missed altogether. There is also room for improvement in the area of timeliness. OHRM data for the same three cycle period shows that less than half of e-PAS evaluations were submitted by the required deadline.

51. Significant numbers of respondents to the management and staff surveys identified a lack of fairness, a perception that e-PAS appraisals do not accurately reflect performance, as the biggest challenge. Almost half of management survey respondents stated that e-PAS was not being used effectively to rate performance. Staff perceptions were more favourable than those of managers, with only 21 per cent of staff reporting that their individual e-PAS experiences did not result in fair performance appraisals.

52. OIOS analysis of OHRM e-PAS data shows a higher proportion of positive ratings. For the 2006-2007 performance period, 7 per cent of staff members received a category 1 rating (consistently exceeds performance expectations), 38 per cent received a category 2 rating (frequently exceeds performance expectations), 53 per cent received a category 3 rating (fully meets performance expectations), only 1 per cent received a category 4 rating (partially meets performance expectations) and almost no staff (0.1 per cent) received a category 5 rating (does not meet performance expectations).

[26] 2004-2005, 2005-2006 and 2006-2007.

53. Variability of e-PAS ratings exists across departments and post levels. Data for the past three e-PAS cycles raise questions about consistency. In some departments almost all staff members received a 1, 2 or 3 rating, while in other departments performance ratings were distributed across all five rating categories. With regard to variation by post level, higher level staff members across all post categories received a larger proportion of higher ratings. Larger proportions of Director level, Professional and higher-level and higher level General Service and Field Service staff were assigned category 2 ratings, while larger proportions of lower level staff received more category 3 ratings.

54. Utilizing OHRM data, OIOS also performed an analysis of e-PAS ratings by gender. An analysis of the last three e-PAS cycles (see table 4) shows that a higher proportion of females were assigned category 1 and 2 ratings. No definitive conclusion should be drawn from the limited e-PAS gender analysis of OIOS.

Table 4
Distribution of Performance Appraisal System ratings
(Percentage)

	Aggregated data for three cycles (2004-2005, 2005-2006 and 2006-2007)					
Gender	*5*	*4*	*3*	*2*	*1*	*Total by gender*
Female	0.0	0.8	48.2	41.3	9.7	100.0
Male	0.1	1.3	55.9	36.0	6.7	100.0

B. Management planning and policy development

1. Burden of continuous reform efforts on OHRM capacity

55. In response to General Assembly mandates and other initiatives, the Secretariat human resources function has been undergoing continuous reform. In his report "Investing in people" (A/61/255), the Secretary-General set out numerous reform efforts, all of which OHRM is leading simultaneously. OIOS notes these reform efforts require significant planning and policy development by OHRM in order to achieve Secretariat-wide success.

56. Ongoing reform efforts have increased the need to plan and prioritize beyond current OHRM capacity. In a recent note to the Secretary-General entitled "Human resources management: recommended actions", the Deputy Secretary-General underlined the broad and continuous reform mode that OHRM is responsible for implementing.[27] The document, which was distributed to Secretariat departments, included a long list of resource-intensive human resources actions they were expected to implement. OIOS notes with concern that almost no guidance on how departments should perform these human resources management actions was provided by OHRM, despite the fact that almost all actions were to be started "immediately". OIOS also notes with concern the lack of prioritization associated with this human resources management directive, particularly in light of the numerous survey and interview respondents, to whom human resources authority

[27] Deputy Secretary-General, note to the Secretary-General, 31 March 2008.

has been delegated, who have indicated that they have insufficient guidance from OHRM to carry out their current authorities in an effective and timely manner. In addition, many OHRM managers report that they and their staff do not have time to perform the regular work on their desks, even without the time-consuming planning needed to effectively direct implementation of human resources management reform initiatives.

57. Senior management compacts and human resources action plans are the primary vehicle that OHRM has used to support regular, ongoing strategic human resources planning. These are intended to establish human resources goals for the Secretariat and to provide a tool to measure progress towards their achievement. They include indicators such as vacancy rates, female staff representation and geographical recruitments from unrepresented and underrepresented Member States. Based on interview data, OIOS found that senior management compacts and human resources action plans are considered to be only somewhat useful as planning tools. Both OHRM managers and their Secretariat partners cite challenges associated with tailoring human resources goals to the realities of different departments. For example, managers at peacekeeping missions state that they face bigger challenges in reducing vacancy rates than do Headquarters operations and that they should not be held accountable if they cannot achieve unrealistic goals. In addition, OIOS found that OHRM has not allocated sufficient resources to support effective implementation of senior management compacts and human resources action plans. As discussed below (see para. 60), very limited OHRM resources have been allocated for planning, reporting and monitoring.

58. To date, OHRM efforts have not resulted in a fully developed succession planning process nor in fully developed succession plans for the Secretariat. Respondents to the OHRM staff survey rated OHRM capacity planning as "poor" to "very poor" (34 per cent) or "fair" (29 per cent) — not a single respondent chose "excellent" and just 37 per cent rated it as "good". OHRM respondents rated their performance on preparing the annual staffing plan for the Secretariat mainly as "fair" (42 per cent). *OHRM acknowledges a lack of annual staffing plans, but notes that is has introduced an annual early warning system.*

59. Stakeholders concur with the OHRM self-assessment. Most human resources officers and executive officers surveyed rated human resources planning, including succession planning, as only "fair" to "good". Many volunteered that their departments were in need of better succession planning. Over 40 per cent of Secretariat managers rated OHRM as either "poor" or "very poor" with regard to supporting efforts to decrease vacancy rates. For example, the peacekeeping vacancy rate is 23 per cent.[28] OIOS welcomes the recent initiative to introduce the use of senior management compacts and human resources action plans, which include vacancy rate indicators, in peacekeeping missions. However, peacekeeping staff, other Secretariat managers and some OHRM managers told OIOS that while such compacts and action plans establish targets they provide no tools to assist managers in overcoming the hurdles they face in their efforts to reduce vacancy rates. Furthermore, they commented that peacekeeping missions and other departments have limited control over many of the variables that affect vacancy

[28] Vacancy rate for all field missions for the period May 2007 to April 2008; data provided by the Field Personnel Division of the Department of Field Support at the request of OIOS: May 2008 and 29 July 2008 e-mail update (origin of data is the Nucleus system).

rates.[29] *OHRM states that senior management compacts and human resources action plans were not conceived as tools to improve anything, but rather as systems of establishing goals and targets and monitoring departmental performance.*

60. OHRM resources allocated for Secretariat-wide human resources planning and monitoring are extremely limited. At the time of the evaluation, the Planning, Monitoring and Reporting Section (within the Planning, Administration and Monitoring Service) included only five staff members (1 P-5, 1 P-2 for planning, 1 P-4 for monitoring, 1 P-4 for reporting and 1 GS staff member).

2. Current information technology tools

61. Information technology systems such as IMIS and Galaxy, in addition to supporting processing functions, are tools intended to support human resources planning functions, such as succession planning. However, Secretariat managers, human resources officers, executive officers and OHRM staff all expressed dissatisfaction with these tools. For example, they reported that IMIS contains significant amounts of incorrect staff data, which requires OHRM staff and others to spend time verifying and correcting records before even basic numbers can be used for planning purposes. In addition, IMIS lacks integration and some functions covered by IMIS in one duty station are not automated in other duty stations. Offices away from Headquarters cannot fully access and update data. As indicated above (see para. 20), human resources partners cite Galaxy shortcomings that negatively affect the staff selection process. These same Galaxy shortcomings also negatively affect aspects of human resources planning.

3. Need for clearer human resources policies

62. To be a credible leader in human resources management, OHRM needs well-conceived, easy to understand policies supporting the work of Secretariat managers and staff at all duty stations. OHRM also needs to provide ongoing interpretative guidance that meets the needs of management, human resources officers, executive officers and staff. Less than 40 per cent of Secretariat managers report that they are able to obtain clear guidance from OHRM on human resources polices. Most Secretariat managers reported relying on their human resources officers and executive officers for interpretation of human resources rules. Those officers find themselves in a challenging position, reporting that human resources policies, which lend themselves to many different interpretations, are the biggest challenge they face in performing their work. They report that policies are not interpreted in a consistent manner even within OHRM. *OHRM states that in 2008 it has organized standardization of such interpretations across OHRM.* The second biggest challenge they report facing is holding managers accountable for consistent application of human resources rules. Human resources officers and executive officers commented that policies are not practical, not flexible enough to accommodate different circumstances and not clear enough to hold managers and staff fully accountable. Asked to consider the clarity of all Secretariat human resources policies, only 25 per cent of Secretariat staff reported that human resources policies provide clear guidance.

[29] OIOS notes that vacancy rates are affected by turnover rates, hiring time frames and the degree to which proactive, timely succession planning occurs.

63. The 2003 flexible working arrangements policy illustrates the points made above.[30] The policy is widely known and a majority of staff and managers reported that they are optimistic about achieving a positive work-life balance. However, human resources officers and executive officers and peacekeeping mission data reveal some poor perceptions of the Secretariat's capacity to offer work-life balance to staff. Various challenges are mentioned, including inconsistent implementation of the policy. Management survey data further underline that the flexible working arrangements policy is not, largely, being followed, with most managers indicating that OHRM does not provide sufficient guidance regarding policy implementation.

64. The OHRM Policy Support Unit is responsible for human resources policy development and interpretative guidance. Similar to the OHRM planning function, the Policy Support Unit operates with extremely limited resources. At the time of the evaluation, only three Professional level staff were working in the Unit. As a consequence, the Policy Support Unit and the Planning, Monitoring and Reporting Section do not have sufficient resources to coherently link work being performed on planning, policy development and current reform initiatives. OHRM management acknowledges this problem. OIOS notes that OHRM plans to address this shortcoming, in part, through implementation of a new organizational structure, (see para. 7 above).

C. Decreased accountability for human resources results

65. OHRM delegates significant decision-making authority to Secretariat partners. Examples include: decision-making at multiple stages of the staff selection process; determination of some staff entitlements; and guidance on interpretation of human resources rules. Such a delegation of authority often carries with it responsibility for the performance of processing functions. Specific authorities delegated to Secretariat departments differ, depending on a number of factors, including the OHRM assessment of a department's capacity to perform different human resources functions. Currently, the Field Personnel Division of the Department of Field Support (formerly part of the Department of Peacekeeping Operations) has the most authority delegated from OHRM.

1. Weaknesses in current delegation of authority structure

66. Based on interviews and surveys, OIOS found several problems related to delegation of authority. Partners to whom authority is delegated welcomed the opportunity to have more control over human resources decision-making, but also identified weaknesses in the current delegation of authority framework. Most human resources officers and executive officers reported that the delegation of authority from OHRM to their departments is working only "somewhat effectively". Ratings from peacekeeping mission officers were even lower. Human resources management staff in offices away from Headquarters were also more likely to rate this negatively. At the United Nations Office at Geneva, for example, 9 of 16 human resources managers interviewed by OIOS identified significant problems with the delegation of authority framework.

[30] See ST/SGB/2003/4.

67. Many respondents cited problems hindering their ability to perform human resources functions delegated to them. They suggested that more streamlined rules that factor in differing staff circumstances without unnecessarily complicating matters would be beneficial and pointed out the need for more guidance in interpreting rules from OHRM. Additionally, respondents cited the need for further clarification of roles, including more explicit information on what departments can decide on and what decision-making authority is retained by OHRM. For example, peacekeeping managers faced with a difficult question in the interpretation of a human resources rule must vet it through the human resources officer at the headquarters of the peacekeeping mission, who may be dependent on the Field Personnel Division of the Department of Field Support in New York, who may be unclear on whether it has authority to make a determination or whether it needs to confer with OHRM before doing so. Interviewees noted that this process can take weeks, even months, and that it is most often not an efficient process. A related problem is the issue of real decision-making authority versus authority to process transactions only, or, as one interviewee put it, "delegation without authority". A high-level interviewee commented that "peacekeeping missions are entrusted to implement a peace agreement, but are not trusted to hire a P-4". Finally, many respondents to whom human resources authority is being delegated cite the need for OHRM to provide sufficient instructions and training to assist them in gaining the information and skills needed to perform the duties expected of them.

68. OHRM acknowledges the problems cited above. Approximately half of OHRM survey respondents expressing an opinion reported that they did not think authority over human resources was being delegated in a consistent and appropriate manner. Furthermore, almost half also reported that OHRM staff members are unclear about their own roles and responsibilities as they relate to human resources authorities delegated to staff outside OHRM.

2. Limited monitoring of human resources processes

69. OIOS notes with great concern a significant lack of sufficient OHRM monitoring of the human resources authority delegated to other departments. Large numbers of staff with differing levels of experience and skills have been delegated authority, involving various implementation problems, which are noted above. Those problems make effective monitoring by OHRM of paramount importance. Examples of the risks associated with a lack of sufficient monitoring include the hiring of unqualified staff and improper payment of entitlements. Despite this, OIOS found an almost inconsequential amount of monitoring being performed by OHRM. Only three to four OHRM monitoring missions to offices away from Headquarters take place per year, and those missions are performed by a small team of OHRM staff assembled on an ad hoc basis. *OHRM states that these missions constitute only a part of the monitoring work done by OHRM.* In addition, as noted above, the only OHRM staff assigned exclusively to monitoring is one Professional level officer (P-4). At the time of the evaluation, that staff member was performing monitoring duties with input from the head of the Planning, Monitoring and Reporting Section (P-5) and one General Service staff member. Given this very limited monitoring capacity, it is not surprising that a number of OHRM managers interviewed by OIOS volunteered the following statements: "at present, there is authority without accountability"; "the monitoring function within OHRM is barely surviving"; and "OHRM cannot do substantive monitoring so when something is reported from a

department, we try to look into it". OIOS concerns are in line with those expressed in the report of the Secretary-General on accountability findings, which found that "the Secretariat does not systematically monitor delegation of authority".[31]

3. Human resources action plans and senior management compacts

70. In addition to being strategic planning vehicles, senior management compacts and human resources action plans are intended to ensure accountability. OIOS commends OHRM and the Department of Management for their recent initiative in making those compacts and action plans available on the United Nations Intranet, thus increasing transparency and promoting further accountability, and for establishing and training focal points for the action plans in all departments. Questions remain, however, about the effectiveness of the compacts and plans in achieving accountability and success in meeting Secretariat human resources management goals. OIOS found that many stakeholders are not familiar with either the compacts or the action plans. Among Secretariat managers and other OHRM partners familiar with them, there is, as yet, no full confidence that these tools will assist the Secretariat in meeting its human resources goals. Many human resources partners, as well as OHRM management and staff, do not think that senior management compacts and human resources action plans are bringing about improved accountability. For example, 36 per cent of Secretariat managers reporting did not think that use of the compacts and action plans had resulted in improved accountability, while 25 per cent believed that they were useful tools. Shortcomings frequently identified included: a lack of tailoring the targets to the realities of different departments; statistics being "cosmetic" in nature rather than reflecting the reality of what is being achieved; departments being held accountable for meeting targets that they do not have sufficient control over (gender and geographical representation was most often referred to); no sanctions resulting when departments do not meet their human resources management goals; and the fact that senior management compacts and human resources action plans do not measure the performance of results.[32]

71. OIOS notes that a lack of monitoring and effective accountability mechanisms increases five significant organizational risks: (a) inefficient human resources processes; (b) actions not taken in line with Secretariat-wide human resources rules; (c) demoralization of high performing staff; (d) departments not able to achieve their mandates because they do not have the proper human resources capacity to do so; and (e) increased organizational liability.

D. Medical services

72. The mandate of the Medical Services Division is to provide medical services and system-wide coordination of health-related policies at all United Nations duty stations and peacekeeping missions. Its network is comprised of more than 76 clinics operated by the Department of Peacekeeping Operations of the Secretariat and 46 United Nations-sponsored dispensaries worldwide. Owing in large part to the

[31] A/62/701 and Corr.1, para. 29.

[32] Results from the accountability survey published in A/62/701 indicated the following shortcomings: to the question "I feel that I may be held responsible for something that is not in my control", 14 per cent strongly agreed and 34 per cent agreed.

expanding number and size of peacekeeping operations in recent years, the Medical Services Division has faced continuous growth in the services required by its clients.

1. Health awareness activities

73. Survey data show that staff and managers across duty stations perceive the effectiveness of the Medical Services Division as largely positive. Managers of the Division at Headquarters indicate that resources are sufficient for providing core medical and administrative services at Headquarters in New York.[33] However, given the high workload, most medical staff members spend the majority of their time on medical clearances and other primarily administrative medical matters, including the administration of sick leave. Interview data from staff of the Division and OHRM survey data reveal that other important services such as psychological assistance, health awareness activities and activities that promote a safe work environment cannot be given the attention required.

2. Need for coordinating and monitoring a system-wide health-care service

74. The Medical Services Division at Headquarters has limited ability to build and develop ongoing supportive relationships with the increasing number of medical facilities away from headquarters. As the focus of services shifts to the field, clearer accountability and reporting mechanisms and effective monitoring and support systems are needed. Based on a limited review of the OHRM medical services function, OIOS found evidence that the current organizational structure has limitations in terms of providing a clear hierarchical structure for coordinating a worldwide health-care service.

75. Medical services field staff usually report to and consult with OHRM for medical advice, and contact the Medical Services Section of the Department of Field Support on logistical matters. However, these lines of responsibility are not clearly spelled out, leading to some duplication of work and confusion. In the field, medical services representatives work with the medical officers of the forces of the troop-contributing countries and, in many instances, have some responsibility for providing services to both United Nations staff and troops. However, responsibilities and accountability are not entirely clear. *OHRM states that the roles and responsibilities of both the Medical Services Division and the Medical Services Section, although clearly delineated, at times overlap owing to the nature of the work of peacekeeping missions. These issues have been and are being discussed between the Medical Services Division and the Medical Services Section.*

E. Perception that the Office of Human Resources Management is not highly client-focused

76. OHRM clients do not perceive the human resources function as being highly effective nor do they perceive OHRM as being client-focused. At the present time, human resources officers and executive officers, management and staff, including staff at peacekeeping missions, do not rate the human resources function as highly

[33] Currently, the Medical Services Division in New York operates with 8 doctors, 11 nurses and 1 psychologist. It has 35 staff members overall.

effective overall. Across stakeholder groups, almost half report that the function is working "somewhat ineffectively" or "not at all effectively". The objective of OHRM, to be "client focused", has not been fully achieved, with one third of Secretariat managers and staff reporting that it is "not at all customer-oriented". Both managers and staff members cite difficulty in obtaining clear, consistent, timely answers to their human resources-related questions as a main reason for their dissatisfaction.

V. Conclusion

77. OHRM faces significant challenges as the central authority responsible for simultaneously performing strategic human resources planning and policy development, delegating human resources authority throughout the Secretariat and directly providing many human resources services. OHRM is required to perform these functions in a complex environment and within the context of continuous, ambitious reform efforts. In addition, the human resources challenges faced by both OHRM and the Organization at large defy simple solutions. In each functional human resources area, there is a different set of multifaceted challenges, including complex interrelationships. In this environment, effective human resources management requires strategic prioritization, focus and a significant investment of resources. OIOS commends OHRM for its effort to lead the Secretariat towards highly effective human resources management, but notes, however, that the enormity of the Organization's human resources demands has hampered the effective capacity of OHRM to meet them fully.

78. In order to be more effective and to achieve the desired human resources results, OHRM and the United Nations need to prioritize and to identify which human resources initiatives need to be emphasized. Additional human resources management resources may also be needed. There is a need to better communicate human resources policies and more clearly define delegated authority in this area throughout the Secretariat. More streamlined processes to increase clarity and efficiency as required. The current level of resources, lack of prioritization and clear policies has resulted in a work overload for both OHRM staff and others performing human resources management functions. Improvements along these lines are needed to enable the United Nations to recruit, retain and develop a worldwide staff that is capable of meeting the many challenges the Organization faces.

79. OIOS wishes to acknowledge the excellent cooperation and the diligent work of OHRM and the staff of the Field Personnel Division of the Department of Field Support who took time out of their already full schedules to provide valuable interview, survey and programme data.

VI. Recommendations

Recommendation 1

80. OHRM should develop an integrated framework and strategy to enhance selection, career development and mobility of Secretariat staff (see paras. 23-54). Specifically, a task force or other appropriate body should be set up to propose

improvements to current Secretariat policies and procedures and to the services offered by OHRM. The work of the task force should address questions such as:

1. What changes can be enacted to promote more fluid, effective career paths that facilitate staffing needs and staff members' career advancement plans?

2. How do the conditions of service changes currently under review fit into a larger framework for the career development of Secretariat staff? *OHRM states that it is in the process of preparing one set of staff rules to cover all staff, which will streamline the current 100, 200 and 300 series of the staff rules. In this context, OHRM will undertake a comprehensive review of all administrative circulars to identify problem areas and streamline the rules to the greatest extent possible.*

3. Where is the current staff selection process falling short with regard to: meeting the Organization's need for qualified managers and staff to perform the functions necessary to achieve Secretariat mandates; rewarding meritorious work performed by current staff; and identifying highly qualified external staff?

4. How can the IT systems that support the staff selection process be improved? How can the integration of the systems of the Field Personnel Division of the Department of Field Support and OHRM be improved?

5. Should the Secretariat develop a more tailored, possibly non-mandatory and more incentive-based mobility programme to achieve better outcomes with regard to development of a multi-skilled, versatile and mobile Secretariat staff? If so, what is the best way to restructure the mobility programme? What reporting system should be put in place to track and quantify self-initiated voluntary staff movements? *OHRM states that the Assistant Secretary-General of OHRM has convened a working group on a talent management system with representatives of offices away from headquarters, executive offices, the Department of Management, OHRM and others. The working group will set strategies for business elements of the talent management system and address policy-related issues.*

6. What actions can be taken to improve the credibility of the staff selection process?

Recommendation 2

81. OHRM should strengthen its policy development function, as well as the corresponding interpretative guidance function in order to counter significant risks associated with negative human resources outcomes, such as the inconsistent application of policies (see paras. 55-64).[34] Specifically:

1. Additional resources should be utilized to perform policy development and guidance functions.

[34] OIOS recognizes that subsequent to its July 2008 data collection OHRM began to implement a restructuring process that increases the emphasis on policy development.

2. OHRM should take additional steps to ensure that staff within OHRM and throughout the Secretariat know where to get policy interpretation guidance.

3. OHRM should identify the human resources policies that are posing the greatest risk of not achieving desired outcomes, priorities should be established and OHRM should then work to improve policy guidance in a manner that will mitigate risk.

Recommendation 3

82. Given the enormity of the Organization's human resources demands, including continuous, ambitious reform efforts, OHRM and the Deputy Secretary-General should prioritize the implementation of human resources reform initiatives (see paras. 55 and 56 and paras. 77-79). Specifically:

1. Recommended actions contained in the recent note to the Secretary-General[27] should be prioritized and implementation time frames should be revisited in order to ensure that they reflect realistic timetables.

2. OHRM should perform an analysis of the resources needed to implement these actions.

3. OHRM should provide departments with additional guidance on how these human resources management actions should be implemented.

Recommendation 4

83. OHRM should review the current delegation of authority structure and establish a systematic and comprehensive compendium of responsibilities that lists, in detail, all human resources areas where authority has been delegated (see paras. 65-71).[35] OIOS encourages OHRM to do this in consultation with its strategic Secretariat partners so as to clarify roles and responsibilities, improve consistency of policy implementation and reduce time for implementing human resources decisions. More specifically, such a compendium shall:

1. Specify the responsible entity and provide specific guidance on how to interpret the rules for which implementation authority is being delegated.

2. Be updated by the Office of Human Resources Management every biennium.

3. Be accessible on the United Nations Intranet.

OHRM states that a review and rationalization of delegation of authority will be conducted in consultation with the Office's strategic partners.

[35] OIOS recognizes that a similar request was made by the OIOS audit report (AH2007/510/1, recommendation 13). However, OIOS did not find evidence of action being taken in this direction and therefore formulated this recommendation.

Recommendation 5

84. OHRM should strengthen its monitoring function in order to counter significant risk associated with negative human resources management outcomes (see paras. 65-71).[36] Specifically:

1. Additional resources should be utilized to perform monitoring functions.
2. Monitoring should focus its capacity and resources on coherent and effective implementation of the delegation of authority.
3. Monitoring efforts should also include the identification of those policies that result in inconsistent implementation or considerable time lags and work in closer relationship with policy development and planning services towards improvements.

(*Signed*) Inga-Britt **Ahlenius**
Under-Secretary-General for Internal Oversight Services

[36] OIOS recognizes that subsequent to the data collection phase of the evaluation (July 2008) OHRM began implementing a restructuring process that increases the emphasis on monitoring.

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Human resources management

Report on the activities of the Office of Internal Oversight Services

In-depth evaluation of the Office of Human Resources Management

Report of the Office of Internal Oversight Services

"Key objectives remain unachieved: the Office of Human Resources Management faces significant challenges"

Summary

As decided by the Committee for Programme and Coordination at its forty-sixth session, the Office of Internal Oversight Services (OIOS) undertook an in-depth evaluation of the Office of Human Resources Management (OHRM). The present report assesses the relevance, efficiency, effectiveness and impact of human resources activities in the United Nations Secretariat led by OHRM. The report has been reviewed by OHRM, and its comments have been incorporated, as appropriate, and appear in italics. OHRM is in general agreement with the recommendations.

OHRM faces significant challenges as the central authority responsible for:

- Performing strategic human resources planning and policy development
- Delegating human resources authority throughout the Secretariat
- Directly providing many human resources services

OIOS commends OHRM for its current efforts to lead the Secretariat towards highly effective human resources management in an environment with multifaceted challenges, complex interrelationships and an ambitious reform agenda, but notes, however, that the enormity of the Organization's human resources demands has hampered its capacity to meet them effectively.

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OHRM is striving to be highly effective, but desired results have not been fully achieved. For example:

- While staff selection time frames have improved significantly over the course of the last five years (from 351 days, on average, to 187 days) the length of the current time frame is still perceived to have a negative impact on the ability of departments of the Secretariat to achieve their mandates
- The credibility of the staff selection process is not highly rated by stakeholders with regard to facilitating promotional opportunities, identifying highly qualified external candidates and fully supporting gender balance and geographical representation goals
- The results of the mobility programme initiative also fall far short of desired outcomes
- While learning programmes are rated positively, they are not reaching all staff, and an integrated approach to the career development of the staff of the Organization is lacking.

Human resources planning, policy development and interpretative guidance provided by OHRM also need improvement. In addition, the Office must define the delegation of authority throughout the Secretariat more clearly. For example, more explicit information is needed on what given departments can decide and what decision-making authority OHRM retains. This lack of clarity is of concern because the Office is carrying out only very limited monitoring of those entities to whom delegated authority has been granted. OIOS also found that there were very limited resources available within OHRM for policy development and the provision of interpretative guidance. At the present time, and with the current level of resources, with no clear prioritization of human resources initiatives and the absence of fully transparent policies available to Secretariat management and staff, OHRM is overloaded with work. The burden of the work is affecting OHRM staff and others throughout the Secretariat who are performing human resources management functions.

OIOS acknowledges that development and communication of well-conceived, easy to understand human resources policies and delegated authorities is no easy task. While the human resources management challenges faced by OHRM and the Organization as a whole defy a simple solution, OIOS submits the following five recommendations:

- Develop an integrated framework to enhance the staff selection process, provide better support for career development and promote staff mobility
- Strengthen policy development and corresponding interpretative guidance functions
- Prioritize the implementation of human resources reform initiatives
- Clarify and streamline the delegation of authority
- Strengthen the monitoring function

Contents

		Page
I.	Introduction	4
II.	Methodology	4
III.	Background and mandate of the Office of Human Resources Management	5
	A. Organizational structure	6
	B. Recent reforms and challenges	6
IV.	Evaluation findings	7
	A. While OHRM is striving for highly effective human resources management, significant challenges remain and desired results are not yet fully achieved	7
	B. OHRM's human resources management planning and policy development are not fully effective	21
	C. A lack of clarity surrounding delegations of human resources authority and very limited OHRM monitoring decreases accountability for human resources results	25
	D. Medical services are rated favourably, but the growing demand for field-based services presents challenges	27
	E. OHRM is not perceived as being highly client-focused	28
V.	Conclusion	28
VI.	Recommendations	29

I. Introduction

1. At its forty-sixth session, the Committee for Programme Coordination requested the Office of Internal Oversight Services (OIOS) to conduct an in-depth evaluation of the Office of Human Resources Management (OHRM), to be presented to the General Assembly, for consideration by the Fifth Committee, at its sixty-third session in September 2008 (A/61/16 and Corr.1, para. 369). That request was endorsed by the General Assembly in its resolution 61/235. In another resolution the Assembly further requested the Secretary-General to entrust OIOS to include in the evaluation of OHRM a review of the recruitment, promotion and mobility policies of the past five years (resolution 62/236, para. 36). Both mandates are addressed in the present report. The report has been reviewed by OHRM, whose comments were incorporated, as appropriate, and appear in italics. The Office generally concurs with the OIOS recommendations.

2. The overall objective of the evaluation was to assess, as systematically and objectively as possible, the relevance, efficiency, effectiveness and impact of the activities of OHRM in relation to its objectives (see ST/SGB/2000/8, regulation 7.1). When determining the scope of the present in-depth evaluation, OIOS factored in reviews that were recently completed or currently under way. Because a comprehensive review of the United Nations internal administrative justice system is under way, the evaluation did not include any in-depth analysis of that function.

II. Methodology

3. To conduct the evaluation of OHRM, OIOS utilized the following 16 qualitative and quantitative methods: (a) a self-administered, web-based survey of Secretariat managers;[1] (b) a self-administered, web-based survey of Secretariat international staff;[2] (c) a self-administered, web-based survey of Secretariat local staff;[3] (d) a self-administered, web-based survey of human resources officers and executive officers;[4] (e) a self-administered, web-based survey of human resources managers in peacekeeping missions;[5] (f) a self-administered, web-based survey of OHRM staff;[6] (g) 35 in-depth interviews with OHRM managers; (h) 17 in-depth interviews with human resources management partners located in New York and

[1] Survey conducted from 2 to 19 May 2008. From a total of 1,814 Secretariat managers, it was sent to a random sample of 612; 250 responses were received, for a 41 per cent response rate.

[2] Survey conducted from 5 to 16 May 2008. From a total of 17,571 international staff, it was sent to a random sample of 816; 335 responses were received, for a 41 per cent response rate.

[3] Survey conducted from 6 to 16 May 2008. From a total of 13,764 local staff, it was sent to a random sample of 411; 90 responses were received, for a 22 per cent response rate.

[4] Survey conducted from 2 to 18 April 2008. It was sent to all 29 executive officers and human resources officers identified by the Office of Human Resources Management; a total of 19 responses were received, for a 65 per cent response rate.

[5] Survey conducted from 20 March to 30 April 2008. It was sent to all human resources officers at 52 peacekeeping missions identified by the Field Personnel Division of the Department of Field Support, including chiefs of staff, chiefs of administration, chief civilian personnel officers and administration officers; 42 responses were received, for an 81 per cent response rate.

[6] Survey conducted from 28 January to 27 February 2008. It was sent to all 260 staff members of the Office of Human Resources Management; 112 responses were received, for a 43 per cent response rate.

offices away from Headquarters;[7] (i) site visits to the United Nations Offices at Geneva and Nairobi (a total of 25 interviews were conducted); (j) a site visit to a peacekeeping mission where 25 interviews and four focus groups with international and local staff were conducted;[8] (k) a focus group with departmental focal points for women;[9] (l) an analysis of five years of OHRM Galaxy-based recruitment and promotion data;[10] (m) an analysis of available aggregated recruitment and promotion data from the Field Personnel Division of the Department of Field Support; (n) an analysis of OHRM mandatory mobility programme data and a survey of programme participants;[11] (o) an analysis of OHRM Performance Assessment System (e-PAS) data; and (p) a desk review of recent reports on the human resources management function within the Secretariat.

4. Given the broad scope of the human resources function within the Secretariat, OIOS did not conduct an exhaustive in-depth review of all OHRM activities, but rather focused on its primary functions and an analysis of recruitment, promotion and mobility data for the past five years. OIOS did not independently verify the accuracy of all such data; while the data was found reliable overall, some vulnerabilities exist owing to the non-integrated nature of human resources-related information technology (IT) systems at the Secretariat. In addition, since reliable recruitment, promotion and mobility data for peacekeeping missions was found to be very limited, the present evaluation does not contain a significant amount of that data.

III. Background and mandate of the Office of Human Resources Management

5. OHRM is the central authority for all matters relating to human resources management in the Secretariat. According to the Secretary-General's bulletin, the Office:

> "seeks to align the Organization's human resources capacity with its mission and changing mandates and to ensure that the Secretariat can carry out its functions effectively and efficiently. It endeavours to act with sensitivity and appropriate flexibility, taking into account the provisions of the Charter of the United Nations, the mandates of the General Assembly, the Staff Regulations and the Staff Rules, as well as the principles and practices of a good employer. In developing solutions, it addresses strategic organizational needs as well as those of individual staff."[12]

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[7] Human resources partners are those entities with delegated human resources authority, including some that do not have such delegated authority.

[8] Recognizing that all peacekeeping missions face different challenges, OIOS sought input from the Field Personnel Division of the Department of Field Support to identify a larger, more established mission to visit.

[9] Survey conducted on 30 April 2008 in New York; of 14 departments/offices with a focal point, 6 participated (43 per cent).

[10] Includes staff in the Professional and higher categories and in the General Service and related categories.

[11] Survey conducted in May 2008. It was sent to 124 staff (at the P-3 and G-7 levels) who participated in the managed reassignment programme; 45 staff responded (36 per cent).

[12] ST/SGB/2004/8, para. 2.1.

6. While OHRM has delegated a significant amount of authority to programme managers, OIOS notes that it is directly responsible for the following functions:

- Formulating, implementing and monitoring all human resources policies within the Secretariat
- Administering the staff selection process
- Primary responsibility for the staff development programme, performance appraisal process and implementation of staff mobility policies
- Supporting efforts to achieve the mandate of geographical representation with regard to the composition of Secretariat staff
- Supporting efforts to meet the gender balance mandate
- Administering medical services

A. Organizational structure

7. A modified organizational structure for OHRM is to be comprised of the Office of the Assistant Secretary-General, three divisions and one autonomous service, as outlined below:[13]

(a) **Human Resources Policy Service**: responsible for policy development, interpretation and provision of advice, conditions of service and administrative law;

(b) **Strategic Planning and Staffing Division**: responsible for recruitment, staffing and administration of examinations, as well as human resources planning, monitoring and reporting;

(c) **Learning, Development and Human Resources Services Division**: responsible for development and learning; career support, performance management and mobility; staff counselling; and administrative responsibilities;

(d) **Medical Services Division**: responsible for Secretariat-wide medical policy setting, providing medical clearances, raising staff awareness on various health topics and assuring that staff have access to health awareness programmes and health care.

Under its previous organizational structure, OHRM was comprised of three divisions (number of staff assigned to each division is indicated in parentheses): the Operational Services Division (84); the Division for Organizational Development (77); and the Medical Services Division (35). For the biennium 2006-2007, the overall budget of the Office was $73,756,500, with a total staff of 206.

B. Recent reforms and challenges

8. The need for a highly qualified, independent and international civil service is clearly stated in Article 101 of the Charter of the United Nations. In this regard, OHRM plays a key role in ensuring that United Nations entities have the human resources to achieve their mandated objectives. In an effort to adapt the human

[13] The reorganization will be reported on in the context of the first performance report (see ST/SGB/2004/8, para. 2.1, for the previous organizational structure).

resources function of the Secretariat to the changing organizational environment, Member States have endorsed a number of important human resources reform initiatives,[14] emphasizing the need to maximize the institutional effectiveness of the Organization and highlighting the importance of multi-skilled, versatile and mobile staff, able to work in all areas of the Secretariat. A paradigm shift to a new culture of empowerment, responsibility accountability and continuous learning has been called for and the importance of strategic human resources management has been emphasized. Progress on these initiatives has been documented in a number of reports.[15]

9. Research literature identifies certain human resources functions as being critical to the long-term success of organizations. Highly effective human resources management begins with selective recruitment, that is, proactive attention to the recruitment of the best available candidates. Significant and continuous attention must be paid to the training and development of an organization's staff, including attention to traditional training, strategic attention to performance assessment, the identification of promotional opportunities that match organizational needs and a focus on succession planning. Research on human resources management also reveals the need for organizations to promote teamwork, emphasize empowerment and proactively manage diversity, as well as to focus on staff as clients. Organizations are also encouraged to structure jobs in a way that promotes flexibility. Finally, knowledge management and increased communication with all staff members are acknowledged as crucial to highly effective human resources management. Simultaneous, effective execution of these functions is an enormously challenging task.

10. A strong human resources management infrastructure at the Secretariat is necessary in order to meet the significant challenges in this area. Four pillars of the infrastructure include: (a) sufficient human resources capacity; (b) a clear and effective accountability structure; (c) an organizational environment that supports and promotes a highly effective human resources management function; and (d) robust centralized systems for human resources data. Organizations without a solid foundation in these areas cannot effectively utilize their important human resources to achieve their mandates.

IV. Evaluation findings

A. While OHRM is striving for highly effective human resources management, significant challenges remain and desired results are not yet fully achieved

11. OIOS commends OHRM for its current efforts to lead the Secretariat towards highly effective human resources management in an environment with multifaceted challenges, complex interrelationships and an ambitious reform agenda. OHRM is

[14] Important General Assembly resolutions on human resources reform since 1997 include: 51/266; 59/266; 57/305; 60/238; 61/659 and 61/244. Reform initiatives prior to 1997 include: the 1997 report of the Secretary-General "Renewing the United Nations: A Programme for Reform" (A/51/950) and subsequent reports (A/57/387 and Corr.1; A/59/2005; A/60/692; and A/61/255).

[15] See, e.g., A/61/228, A/60/692, A/61/319, A/61/257, resolution 60/238 and various oversight reports.

the central authority within the Secretariat for all matters relating to human resources management. In that capacity, it seeks to ensure: the selection of the most qualified candidates for posts; the development of multi-skilled and mobile staff; and the achievement of mandates requiring gender balance and geographical representation. The Office, as a service delivery function, also seeks to achieve a high degree of client satisfaction. OIOS acknowledges two important points with regard to the role of OHRM in achieving those results. First, the Office delegates human resources authority throughout the Secretariat. As a result, many such functions are not performed directly by OHRM, although it is responsible for monitoring their implementation. In particular, significant authority has been delegated to the Field Personnel Division of the Department of Field Support. Secondly, effective strategic planning and policy development are crucial to the achievement of the human resources management results identified above; OHRM has Secretariat-wide responsibility for these planning and policy development functions. The present evaluation report presents, inter alia, findings related to planning and policy development (see finding B, paras. 55-64); and delegation of authority and monitoring (see finding C, paras. 65-71 below).

1. Current staff selection process does not facilitate strategic talent management, despite recent improvements

12. OIOS notes that strategic talent management depends on a staff selection process that: identifies the most qualified candidate for a given post; is timely; and promotes identification of well qualified internal candidates with a proven track record, experience and skills so that they can be promoted to key positions that utilize their skills. An organization's staff selection process should be credible in the eyes of staff, management and other stakeholders. In the case of the United Nations Secretariat, this includes facilitating the implementation of the mandate to achieve gender balance and geographical representation among its staff.

(a) Staff selection time frames have improved but are still perceived to take too long

13. The OIOS analysis of OHRM Galaxy data reveals that recruitment and promotion time frames for Galaxy-based staff selections have improved over the past five years (see table 1). In 2003, it took an average of 351 days for a Galaxy staff selection. By 2007, the time had been shortened to 187 days. By 2007, staff selections involving "lateral" movements took the shortest period of time — 144 days on average. Initial recruitments took the longest — 247 days on average. OIOS also notes that the selection of rostered candidates, involving a new recruit or promotion of an internal candidate, took 152 days. This is shorter than the overall staff selection average of 187 days, indicating that rosters do shorten hiring and promotion time frames. In 2003 and 2004, before the introduction of the roster system, the average number of days to select a candidate was 351 and 290, respectively. Clearly rosters have contributed to the goal of a shorter time frame for the staff selection process. *OHRM states that the main reasons for the reduction in the time frames for selection are the change from the previous paper-based process to the current one that uses an electronic staffing tool based on fewer steps.*

Table 1
Average number of days from the creation of a vacancy announcement to start date on the job

	Promotions[a]	*Recruitments/ initial*[b]	*Recruitments/ other*[c]	*Lateral movements*[d]	*Rostered*[e]	*Total average days*
2003	400	398	398	208	n/a	351
2004	207	372	331	252	n/a	290
2005	207	394	332	252	245	286
2006	397	343	285	198	177	280
2007	164	247	227	144	152	187

Note: Based on data from the Integrated Management Information System

[a] Promotions (n=3262): internal candidates promoted to a higher level.

[b] Recruitments/initial (n=393): external candidates.

[c] Recruitment/other (n=588): external candidates with a previous appointment.

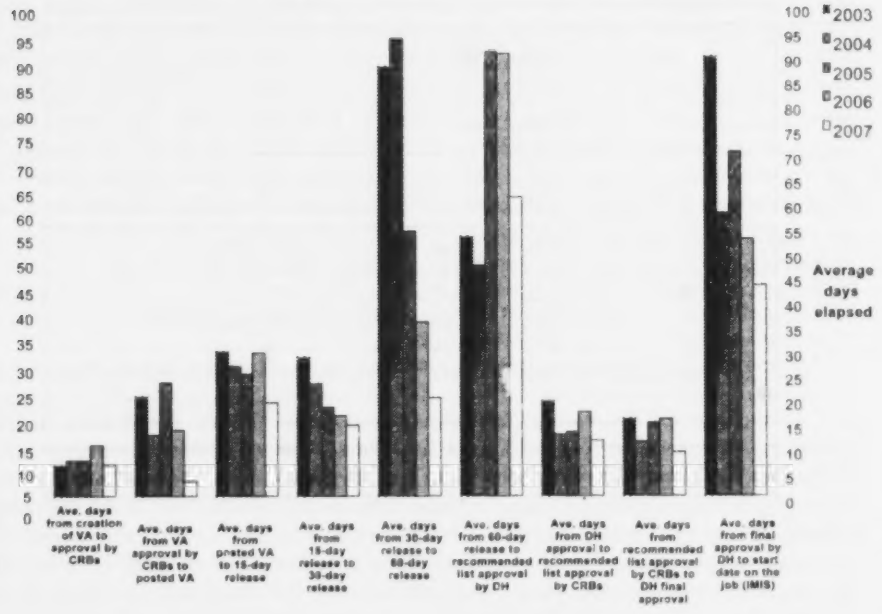
[d] Lateral movements (n=214): internal candidates.

[e] Rostered (n=62): all candidates, internal or external, who were selected from a roster.

14. In the case of Secretariat positions advertised in Galaxy, some steps in the process have consistently taken longer than others. As seen in figure I, during most of the last five years the following steps took the longest: the period between the 30- and 60-day release of eligible candidate lists, which involves eligibility determinations by OHRM; the period between the 60-day release and approval of the recommended list by the department head, a step that is primarily in the hands of the department and involves evaluating, interviewing and creating the recommended list; and the period between the approval by the department head and the selected candidate's start date on the job, which involves multiple processes and decision makers.

15. By 2007, the average number of days to perform two of these longer staff selection steps had been significantly reduced, including, impressively, a reduction in the period between the 30- and 60-day release from an average high of 93 days in 2004 to 20 days in 2007. In addition, the average number of days from the time of the final approval by the department head to the selected candidate's start date on the job was reduced from 90 days in 2003 to 43 in 2007. *OHRM states that it should be clarified what is meant by the reduction of the time between the 30- and 60-day releases from 93 to 20 days. It seems that the average numbers used by OIOS include posts in the General Service and related categories, which have a deadline at the 30-day mark and would, therefore, not have any releases at the 60-day mark. As a result, the inclusion of General Service posts would severely skew the result towards a lower number.* OIOS acknowledges that both General Service and Professional level posts were used for this analysis. However, there is evidence that the reduction may also be due to the larger proportion of lateral movements and rostered candidate selections.

Figure I
Cumulative summary by year (promotions, initial recruitment, recruitment other, lateral and rostered)



Key: VA=vacancy announcement; CRBs=central review bodies; DH=Department head.

16. Comparable data on recruitment and promotion time frames were not available from the Field Personnel Division of the Department of Field Support for peacekeeping missions. Based on a sample of 50 recruitment exercises performed in 2007, utilizing mission-specific vacancy announcements, the average number of days from the issuance of a vacancy announcement to the entry-on-duty of a staff member, as recorded in IMIS, was 139. OIOS found no fully reliable data on the length of different steps for recruitment for peacekeeping posts. There is some evidence that, after the selection process is completed, medical clearance of new staff members is the most time-consuming aspect of recruitment procedures.[16]

17. OIOS was unable to identify recruitment timeline benchmarks for an organization comparable to the United Nations Secretariat. Despite recent improvements in Secretariat recruitment and promotion time frames, perceptions persist that the staff selection process takes too long. A majority of Secretariat managers (66 per cent), including those in peacekeeping missions, rated the timeliness of this process as "very poor" or "poor". Additionally, Secretariat managers identified the length of the staff selection process as the biggest human

[16] May 2008 data provided to OIOS by the Field Personnel Division; based on November 2006-December 2007 supertrack system data, the initiation of medical clearance process took 21 days, on average.

resources challenge they face. Human resources officers and executive officers also gave timeliness a low rating, with 7 of 19 respondents assigning a rating of "very poor". Finally, Secretariat staff, including peacekeeping mission staff, rated timeliness of the selection process similarly, with 60 per cent rating it "very poor" or "poor". While senior management compacts and human resources action plans contain vacancy rate reduction goals, they do not establish any timeliness targets for the staff selection process. *OHRM states that it is working on measures to further reduce the time frames for recruitment. At its twenty-ninth session, the Staff-Management Coordination Committee agreed to such measures in relation to the current staff selection system. In addition, a different process of recruitment has been proposed by the General Assembly and is currently under review. The Assembly has mandated a period of 60 days for the announcement of vacancies, as confirmed in its resolution 59/266.*

18. Throughout the Secretariat, managers cited the length of the staff selection process as negatively impacting their ability to fulfil departmental mandates. OIOS notes that the 2007 average staff selection time frame of 187 days for Galaxy-based selections does not include time prior to the creation of the vacancy announcement in the Galaxy system, and managers surveyed by OIOS reported that this preliminary step of classifying a job, when necessary, can be one of the most time-consuming parts of the process. Another step that constitutes one of the longest delays for Galaxy-based selections is between the 60-day release and the approval of the recommended list by the department head prior to submission to the central review body. As indicated above, during this step the department has full control over the process. Managers and others to whom staff selection authority has been delegated offered the following reasons for delays at this stage: the role managers have been delegated involves multiple time-consuming steps; managers are asked to perform these functions in addition to their primary responsibilities; and there is a lack of clear policies and procedures, leading to different interpretations that take time to reconcile. OIOS finds it likely that some combination of these factors is leading to delays associated with this time-consuming step in the recruitment/promotion process. *OHRM states that guidelines have been issued on how programme managers should conduct the reviews of candidates, and that they will be updated. Savings in time could be found at that step, too, in particular by designing and using the new talent management support tool to provide more sophisticated support for the review of candidates and assist in identifying the best candidates for each vacancy.*

(b) Shortcomings associated with Galaxy tools, the Integrated Management Information System and peacekeeping mission information technology systems

19. OIOS found that IT systems for human resources functions do not support efficient processing of human resources transactions and that planning for the new enterprise resource planning system requires the investment of significant OHRM resources. While this forward planning is both appropriate and necessary, staff members engaged in the development of the new system are the same staff responsible for maintaining and updating current systems. Given both the complexities of the old IT systems, as well as those associated with the new system, the question arises as to whether sufficient resources are available to properly maintain current systems and provide sufficient input into the design process for the new one. Both activities are labour intensive and require attention by individuals

with significant institutional knowledge, but interview and survey data reveal insufficient resources to perform both functions simultaneously.

20. Current human resources IT systems users do not report high levels of satisfaction. Many human resources officers and executive officers rated Galaxy and IMIS only "fair" in supporting their department's work. The OHRM help desk that provides support for Galaxy and IMIS, including the issuance of index numbers, is rated even less favourably. Close to half of the survey respondents rated this function as "poor" or "very poor", stating that the human resources help desk needs to improve, that IMIS is not functional as a support tool and that Galaxy does not support efficient human resources management. Many Secretariat managers, who also rely on these IT systems for support, provided negative feedback, indicating that they were either "somewhat dissatisfied" or "very dissatisfied" with the Galaxy and IMIS systems, as well as with the OHRM IT help desk. Finally, one fifth of OHRM management and staff volunteer that the IT infrastructure is the human resources function needing most improvement.

21. OIOS found several problems with both IMIS and Galaxy. One IMIS-related problem involves transferring employee scripts. When staff members transfer between duty stations, their electronic data cannot be transferred without human intervention. Therefore, significant OHRM resources are needed to perform this work, backlogs accumulate and staff members frequently go without timely salary and entitlement payments. The eligibility checks OHRM performs provide an example of Galaxy limitations. Survey and interview data reveal that Galaxy does not offer sufficient functionality to efficiently perform the very large number of eligibility checks necessary, resulting in a lengthy process that contributes to staff selection delays. One OHRM manager stated, in reference to the current staff selection process, that "OHRM has to spend half of its time performing eligibility checks because Galaxy was not designed to show the things that we want to see". OIOS notes that complicated eligibility rules also contribute to inefficiencies associated with the eligibility checking process. *OHRM states that Galaxy will be replaced by a new talent management support tool that will address the deficiencies of the current tool.*

22. OIOS attempted to obtain peacekeeping mission recruitment, promotion and mobility statistics for 2002-2007 and found significant gaps in the information that the Field Personnel Division of the Department of Field Support could provide. Current IT systems for supporting and tracking peacekeeping mission human resources management functions can only produce fragmented, inconsistent data. For example, universal, reliable data on staff recruited and the average time for recruiting or moving staff member to higher levels are not available. This leaves peacekeeping staff in a challenging position. They are without the information they need to manage peacekeeping human resources effectively. Also, the Field Personnel Division and mission staff spend significant amounts of time and effort in tracking and retrieving statistical information that does not fully meet either their needs or those of the Organization.

(c) Staff selection process is not perceived by management or staff to be fully effective in facilitating promotional opportunities

23. Highly effective human resources management also requires strong talent management. The OHRM mandate to support the achievement of a multi-skilled and

mobile staff necessitates that it identify well-qualified, experienced internal staff who can be promoted, or moved laterally, to meet the needs of the Organization, while at the same time recruiting external candidates, who bring valuable skills and new perspectives to the Organization. Organizational benefits associated with the promotion of internal staff include the following: they have a track record with the Organization that can be assessed in line with required core competencies; they possess significant institutional knowledge; and the internal promotion of qualified candidates serves to motivate other staff. Conversely, if qualified staff members perceive that promotional opportunities do not exist, or are decided unfairly, the result may be a disenfranchised, potentially less effective staff.

24. Promotion outcomes associated with the current Secretariat staff selection process are not highly effective from the perspective of managers and staff. OIOS asked Secretariat managers to rate the staff selection process in terms of the degree to which it supports their efforts to promote qualified internal candidates. Only 2 per cent of management respondents rated the ability of the staff selection process to promote good internal candidates as "excellent", 27 per cent as "good", 27 per cent as "fair", 24 per cent as "poor", and 14 per cent as "very poor". Furthermore, a number of managers volunteered that their biggest human resources challenge is the fact that current Secretariat systems do not allow them to reward or promote high performers. OIOS notes that "reward" does not necessarily mean promotion.

25. Feedback from Secretariat staff on promotional opportunities was also not favourable. Over half of Secretariat staff rated the staff selection process as "poor" or "very poor" in terms of supporting their efforts to identify promotion opportunities that matched their skills and experiences. Furthermore, Secretariat staff reported negative perceptions of promotional outcomes. Fifty-one per cent of Secretariat staff members did not believe that hard work and skills development would result in promotion.

26. However, an OIOS analysis of Galaxy data indicated that, for the five-year period between 2002 and 2007, approximately 78 per cent of staff selections resulted in the selection of internal candidates and 22 per cent resulted in selection of external candidates (see table 1).[17] The data indicated that significant numbers of internal candidates are getting promoted and moving laterally. At the same time, based on OIOS survey and interview data, the staff selection system is not perceived by either group of critical stakeholders, management or staff, to be effective in supporting the Organization's needs or the career aspirations of its staff. These negative perceptions raise questions about the degree to which the staff selection process effectively supports the achievement of a multi-skilled, mobile Secretariat staff. OIOS notes that a number of factors may contribute to this situation. Given that the number of promotional opportunities decreases at the higher post levels, tension resulting from the gap between staff expectations and available posts may contribute to negative staff perceptions. Lack of effective communication between staff, management and OHRM may also be a factor. Negative management perspectives (see para. 27 below) may also be influenced by the perceived accountability of managers for gender balance, geographical representation and meritocracy mandates, as well as their ultimate accountability for achieving their

[17] Percentages are calculated without rostered candidates because an internal/external designation was not available for them.

programme mandates. Survey and interview data results outlined in the section below provide additional insights.

(d) Credibility of the Secretariat staff selection system is low: remaining challenges in achieving gender and geographical representation goals

27. Credibility of the staff selection process is low. Key stakeholders, including staff and managers, perceive a lack of transparency and question the fairness of staff selection outcomes. Over half of Secretariat staff rated transparency of the selection process as "very poor" or "poor" and only 2 per cent as "excellent". Staff ratings on the application of competency-based interviews were only slightly more favourable, with most respondents rating this as only "fair" and the remainder equally split between negative and positive perceptions. The majority of Secretariat staff reported that they did not perceive the selection process resulting in selection of the most qualified candidate. Twenty-seven per cent of managers rated transparency as "fair", with the remaining respondents split equally between negative and positive perceptions. OIOS notes that, despite OHRM initiatives such as the promotion of competency-based interviewing, desired outcomes are not being fully achieved.

28. OIOS notes more positive results with regard to staff perceptions related to non-discrimination. The majority of both international and local Secretariat staff perceived the selection process to be non-discriminatory with regard to ethnicity, race and gender.

29. In a focus group discussion, most departmental focal points for women reported their perception that the current staff selection process may not be the strongest vehicle for the achievement of gender balance and geographical representation. They stated that the current mandated role of the central review board does not significantly contribute to the better achievement of those goals. Departmental focal points for women and other stakeholders also perceived that departments were not being held accountable for senior management compacts and human resources action plans including gender and geographical representation targets. Many managers cited a different viewpoint, arguing that meeting these targets was not always realistic when factoring in the different levels of skill, geographical status and gender of available candidates. They report that it is often difficult to simultaneously comply with gender balance, geographical distribution, meritocracy and non-discrimination mandates. Some stakeholders suggested that OHRM needed to increase recruitment outreach to women and nationals of underrepresented countries in order to increase applicants possessing the desired skills. The Office of the Special Adviser on Gender Issues and Advancement of Women is located outside OHRM and has no explicit decision-making role in the staff selection process.

30. The OIOS analysis of OHRM Galaxy recruitment, promotion and lateral movements data for 2003-2007 shows gender differences. As shown in table 2, the proportion of newly recruited males at the Director (D) level was significantly higher than that of females (69 per cent versus 31 per cent).[18] Promotions to that level were also much more likely to go to male candidates (65 per cent male versus 35 per cent female). However, lateral movements at the Director level were more

[18] Of 49 new recruitments in 2003-2007, 34 (69 per cent) were male and 15 (31 per cent) were female. Data on the percentage applicants that were male/female was not available.

likely to affect female candidates. As seen in the table, that pattern is generally the same at the P-5 level, with recruitments and promotions more likely to go to men. The trend changes somewhat at the P-3 level. While recruitments of new staff were still more likely to be males, more females were promoted to the P-3 level (57 per cent versus 43 per cent). OIOS performed a trend analysis and found no notable changes in this pattern over the course of the last five years. In the case of General Service and Trades and Crafts posts (GS and TC), the analysis results need to be viewed factoring in the disproportionately female composition of General Service staff and the disproportionately male composition of staff in the Trades and Crafts category. The OIOS analysis shows disproportionately female movements across the board for General Service staff and disproportionately male movements for posts in the Trades and Crafts category.

Table 2
Aggregated recruitment, promotion and lateral move data 2003-2007
(Percentage)

	New recruitments		*Promotions*		*Lateral moves*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
Director (all)	69	31	65	35	62	38
Professional and higher category (all)	72	28	50	50	54	46
P-5	84	16	58	42	75	25
P-4	78	22	47	53	51	49
P-3	62	38	43	57	48	52
General Service (all)	45	55	32	68	24	76
Trades and Crafts (all)	100	0	97	3	100	0

31. OIOS did not independently analyse recruitment, promotion and lateral movement data to assess progress towards the achievement of geographical representation (for complete data on Secretariat progress in this area, see A/62/315). Analysis contained in a report of the Secretary-General on the composition of the Secretariat indicates that

> "During the period from 1 July 2005 to 30 June 2006, 219 appointments were made under the system of desirable ranges ... Of that total, 4 appointments (1.8 per cent) were of nationals of unrepresented Member States, 19 (8.7 per cent) were of nationals of underrepresented Member States, 146 (66.6 per cent) were nationals of Member States that were within the desirable range and 49 (22.4 per cent) were nationals of Member States that were overrepresented as at 30 June 2005."[19]

2. The managed reassignment programme has not resulted in a more mobile Secretariat staff: concerns exist about its effectiveness

32. The goal of the mobility policy, set out in multiple mandates, is to develop a more versatile, multi-skilled and experienced international civil service and to

[19] A/61/257 and Corr.1, para. 74.

promote greater integration among staff throughout the Secretariat.[20] Beginning with a mobility initiative communication programme in 2005, OHRM sought to make this mandate operational. OHRM also expanded the career development programme, offering special career development workshops and establishing career resource centres at major duty stations.

33. As noted in the report of the Secretary-General on implementation of the mobility policy (A/62/215), the policy encourages staff movement both through the managed reassignment programme and voluntary application by staff for posts under the staff selection system. In addition, the policy encourages staff to seek opportunities for mission assignments, other temporary assignments and service opportunities with organizations of the common system.[21] OIOS analysed OHRM data on managed reassignment programme results to date. This analysis, including survey and interview data from participants in the managed reassignment programme and other Secretariat staff and managers, is provided below. OIOS acknowledges that additional Secretariat staff may have moved proactively in response to mobility requirements and OHRM activities and that the Secretary-General, in conjunction with OHRM, has established benchmark data on the following indicators: "all promotions"; "all reassignments within department/office"; "all transfers between departments/offices"; "all assignments other than a field mission"; "all assignments to a field mission"; and "all inter-agency mobility".[22] OHRM has indicated that 2002 and 2006 benchmark mobility data will be utilized as the baseline for future reviews.

34. OIOS acknowledges the significant challenges OHRM faces in its efforts to achieve desired mobility outcomes, including: work-life issues, such as the difficulty faced by dual-career families; the need to maintain institutional capacity; limitations of human resources IT systems, including inaccurate employee records; and leading Organizational change in a large, complex environment. In addition, since United Nations staff members are employed in many different occupational groups, not all of which are relevant in all duty stations, OHRM needs to match staff skills with job requirements through the creation of a compendium of possible movements. *OHRM states that an intersessional working group on mobility, comprising staff and management, was established following the meeting of the Staff-Management Coordination Committee in June 2007 in order to monitor the implementation of the mobility policy. Its findings, conclusions and recommendations will be included in the report of the Secretary-General on implementation of the mobility policy to the sixty-third session of the General Assembly.*

(a) Participation in the managed reassignment programme has been very low

35. Based on OHRM data, the number of staff moving to new posts as a result of the managed reassignment programme has been low (see table 3). Including mandated participants and voluntary participants, only 100 staff members moved to new posts between February 2006 and July 2008, and of that number, only 39 staff in the Professional and higher category moved to posts at a new duty station. No

[20] See resolutions 49/222, 51/226 and 53/221; ST/SGB/2002/5; ST/AI/2002/4; and resolutions 57/305, sect. II, paras. 47-53, and 59/266, sect. VIII.

[21] A/62/215, para. 53.

[22] Ibid., paras. 45-52.

staff moved from a Headquarters post to a post in the field. *OHRM acknowledges that required participation in the managed reassignment programmes has been very low. However, this is directly attributable to the increase in the mobility index from 2002 to present. According to data derived from human resources action plans, staff mobility increased from 10.8 per cent in 2002 to 21 per cent in 2006, and to 27.6 per cent in 2007.*

Table 3
OHRM mobility programme's participation and results

	Voluntary reassignment programme		*Managed reassignment programme*	
	No. of participants in the programme/ No. of participants assigned to a new post	*Percentage of participants assigned to a new post*	*No. of participants in the programme/ No. of participants assigned to a new post*	*Percentage of participants assigned to a new post*
P-2	35/13	37	65/38	58
P-3	68/0	0	44/16	36
P-4	46/0	0	31/7	23
G-6	13/0	0	97/20	21
G-7	3/0	0	37/10	27
Total	**165/13**	**8**	**274/87**	**32**

36. OIOS notes that, while data on participation in the managed mobility programme is available, OHRM mechanisms for identifying and tracking self-initiated mobility movements have limitations. OIOS acknowledges the challenges associated with quantifying all mobility results, but considers that the current plan, that is, to use all 2002 and 2006 movements Secretariat-wide as a benchmark to measure mobility policy results, including the use of senior management compacts and human resources action plan mobility indices, needs further development. Consideration should be given as to whether this all encompassing movement data provides an appropriate indicator of the results of the mobility policy and of how causality for changes in comprehensive Secretariat-wide staff movement data can be identified.

(b) Many participants in the managed reassignment programme cite negative experiences

37. OIOS surveyed the 124 staff members (P-3 and G-7 levels) who participated in the managed reassignment programme. An overall response rate of 36 per cent was achieved, although not all respondents answered all questions. The majority of respondents reported their overall satisfaction level as negative, with a full 63 per cent rating their overall satisfaction as "very negative". The staff members described their experiences as: "deeply disappointing"; "traumatic"; and "unrealistic". One staff member wrote that "the programme has wasted time and resulted in division and confusion among Secretariat staff and managers". OIOS found this particularly worrisome, given that many participants expressed a commitment to the principles of the mobility programme or indicated that they approached the exercise with a positive outlook.

38. Many of the respondents (14 of 22) also reported that the mobility programme had had a negative impact on their careers. In particular, participants reported that their professional knowledge, capabilities and qualifications were not duly considered. The very limited number of posts available to move to was also cited as problematic by many respondents, and a few shared the perception that their supervisor's interests and actions were not aligned with their own.

39. Finally, approximately one third of the respondents (11 of 38) reported receiving inadequate support from OHRM, citing incorrect OHRM data (e-fact sheets), significant time spent in attempting to correct such data, confusion about mobility policies and inquiries to OHRM that went unanswered. OIOS notes that, given the potential life changes associated with job movements, the stress associated with a lack of effective communication should not be underestimated. A few respondents also volunteered that the managed mobility programme had a negative impact on their productivity.

(c) Other stakeholders raise questions about the effectiveness of the current mobility programme

40. Secretariat managers share the perceptions of staff directly involved in the managed mobility programme initiative. Almost 70 per cent of managers with an opinion on the subject rated the overall effectiveness of the programme negatively. The impact of the programme on increasing the number of multi-skilled staff and increasing the numbers of staff with field and Headquarters experience were both rated negatively. In addition, managers did not believe that the programme contributes to increasing institutional knowledge. These negative perceptions are in contrast, however, to their commitment to the principles behind the mobility initiative. Thirty-five percent of Secretariat managers responded that a mobility programme was a good idea. One major concern expressed is that the programme is not tailored enough: it does not allow for sufficient matching of skill requirements and staff skills. Another concern is that the programme has the potential to result in a loss of institutional knowledge. Concerns about the degree to which the programme is being applied consistently to different departments and staff members were also expressed.

41. OHRM managers expressed similar reservations, reporting that the current mandate makes it difficult to simultaneously promote thoughtful, appropriately tailored career development and to implement the mobility initiative mandate. OHRM managers also reported that large amounts of time are needed to implement the current mobility initiative, diverting them from carrying out other mandated activities.

3. The success of some OHRM learning programmes is noted, but several challenges remain for effective career development

(a) Learning programmes are rated positively, but learning programmes do not reach all staff

42. Staff members, managers, human resources officers and executive officers generally rated the OHRM learning programme highly. Over 70 per cent of Secretariat staff and almost 60 per cent of managers reported that they were "satisfied" or "very satisfied" with the overall effectiveness of OHRM training

courses. In particular, core competency skills courses were given high ratings. Managers also rated managerial competency training courses positively.

43. OIOS notes with concern, however, that most Secretariat staff members are not spending any appreciable amount of time in OHRM training courses. Of the managers who provided feedback, 46 per cent reported that they spent no days during the last year in OHRM training, 19 per cent spent 1 to 3 days, 20 per cent spent 4 or 5 days, 10 per cent spent 6 to 10 days and 5 per cent spent 11 to 15 days. In the case of non-managerial Secretariat staff, 43 per cent spent no days during the last year, 24 per cent spent 1 to 3 days, 13 per cent spent 4 to 5 days, 8 per cent spent 6 to 10 days, 10 per cent spent 11 to 15 days and 2 per cent spent more than 20 days in OHRM training. Both managers and staff cited lack of time and workload demands as the main reasons for the low level of participation, followed by insufficient knowledge of and lack of interest in the training courses offered.

44. International and local staff at peacekeeping missions who participated in OIOS focus groups reported that learning programme opportunities at missions were insufficient. The staff expressed concern that there was not enough training and that training offered was not sufficiently specific to their needs.[23]

(b) Learning programme challenges remain

45. Over the course of the 2008-2009 biennium, financial resources for training at the Secretariat became more limited owing, specifically, to a $3 million increase for training approved in 2006 that has not been renewed to date.[24] OHRM managers perceive this as a very significant cut in the training budget funds. They point out that training investment benefits cannot be fully realized in one year and that ongoing investment is needed to support the staff development mandates that OHRM has been tasked with. In addition, most managers, human resources officers and executive officers reported dissatisfaction with the adequacy of current learning programme resources. OIOS finds that the current funding level leaves OHRM with the significant and challenging task of improving the skills level of the workforce Secretariat-wide and ensuring a mobile, multi-skilled and versatile staff, in line with mandated Secretariat human resources reform, with limited resources.

(c) Career development is considered less effective and lacks linkages with the performance management system

46. Key components of career development support include: learning programmes; clear and flexible career paths; career counselling; and a performance appraisal system that promotes dialogue on career aspirations. Organizations with highly effective career development support perform each function well and ensure they are fully integrated.

47. A recent evaluation conducted for the OHRM Learning Section concluded that a gap exists between individual staff development programmes and a coherent

[23] OIOS notes training budgets for peacekeeping missions are not part of the regular training budget. They are managed by the Department of Field Service and the Department of Peacekeeping Operations through extrabudgetary resources.

[24] See resolution 61/244, sect. V, para. 4.

career development strategy, including tools to leverage impact.[25] That evaluation found that learning programmes were "mandatory but not linked to anything". The OIOS survey and interview data confirm this; over 60 per cent of Secretariat managers do not think that OHRM is effective in promoting career development and over half of the respondents reported that OHRM activities in this area are "not at all effective". Managers and other human resources partners point to career development shortcomings, including the lack of clearly defined career paths that support organizational needs and the development of a multi-skilled, mobile Secretariat workforce. OHRM management staff acknowledge that current job classifications are constraining and do not support flexible career paths for Secretariat staff. In addition, some managers state they should have a clearer, more explicit role in their staff's career development, noting that the current framework does not fully promote such activity. OIOS acknowledges the challenges OHRM faces in the area of career development; a natural tension exists between good organizational career development planning and the need to avoid building up promotion expectations.

48. Employee performance appraisal systems that are fully integrated into other career development mechanisms can be important tools, both for managing performance and supporting staff skill and career development. OHRM managers acknowledge, however, that a strong link between the Secretariat Performance Appraisal System (e-PAS), participation in learning programmes and strategic development of staff skills and career paths has not yet been fully established. For example, staff performance appraisal information is not consistently considered during the staff selection process, and almost half of staff respondents reported that they do not see the e-PAS as an effective tool for career development. In addition, more than half do not see any relationship between their performance appraisal and promotion opportunities. More than half of Secretariat managers either "disagree" or "strongly disagree" that e-PAS is being used effectively to support departmental efforts to promote the most qualified candidate.

(d) e-PAS is useful as a work planning tool

49. Regarding e-PAS as a tool for setting expectations, many respondents considered it useful. More than 50 per cent indicated that their e-PAS experiences have provided them with useful knowledge about their manager's performance expectations. Similarly, more than 50 per cent reported that their e-PAS experiences have included a useful two-way dialogue with their managers.

(e) e-PAS challenges remain, including perception that ratings are unfair

50. OHRM data indicates that the e-PAS compliance rate for Secretariat staff has been 81 per cent for the past three cycles.[26] Thus, for 19 per cent of Secretariat staff, the opportunity to plan assignments, agree on performance expectations and receive formal feedback was missed altogether. There is also room for improvement in the area of timeliness. OHRM data for the same three cycle period shows that less than half of e-PAS evaluations were submitted by the required deadline.

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[25] External evaluation of staff development programmes, 2000-2003 and 2004-2007, conducted by QED Consulting, July 2004 and January 2008.

[26] 2004-2005, 2005-2006 and 2006-2007.

51. Significant numbers of respondents to the management and staff surveys identified a lack of fairness, a perception that e-PAS appraisals do not accurately reflect performance, as the biggest challenge. Almost half of management survey respondents stated that e-PAS was not being used effectively to rate performance. Staff perceptions were more favourable than those of managers, with only 21 per cent of staff reporting that their individual e-PAS experiences did not result in fair performance appraisals.

52. OIOS analysis of OHRM e-PAS data shows a higher proportion of positive ratings. For the 2006-2007 performance period, 7 per cent of staff members received a category 1 rating (consistently exceeds performance expectations), 38 per cent received a category 2 rating (frequently exceeds performance expectations), 53 per cent received a category 3 rating (fully meets performance expectations), only 1 per cent received a category 4 rating (partially meets performance expectations) and almost no staff (0.1 per cent) received a category 5 rating (does not meet performance expectations).

53. Variability of e-PAS ratings exists across departments and post levels. Data for the past three e-PAS cycles raise questions about consistency. In some departments almost all staff members received a 1, 2 or 3 rating, while in other departments performance ratings were distributed across all five rating categories. With regard to variation by post level, higher level staff members across all post categories received a larger proportion of higher ratings. Larger proportions of Director level, Professional and higher-level and higher level General Service and Field Service staff were assigned category 2 ratings, while larger proportions of lower level staff received more category 3 ratings.

54. Utilizing OHRM data, OIOS also performed an analysis of e-PAS ratings by gender. An analysis of the last three e-PAS cycles (see table 4) shows that a higher proportion of females were assigned category 1 and 2 ratings. No definitive conclusion should be drawn from the limited e-PAS gender analysis of OIOS.

Table 4
Distribution of Performance Appraisal System ratings
(Percentage)

	Aggregated data for three cycles (2004-2005, 2005-2006 and 2006-2007)					
Gender	*5*	*4*	*3*	*2*	*1*	*Total by gender*
Female	0.0	0.8	48.2	41.3	9.7	100.0
Male	0.1	1.3	55.9	36.0	6.7	100.0

B. OHRM's human resources management planning and policy development are not fully effective

1. Continuous reform efforts have overburdened OHRM and diminished its ability to plan, prioritize and provide guidance

55. In response to General Assembly mandates and other initiatives, the Secretariat human resources function has been undergoing continuous reform. In his report "Investing in people" (A/61/255), the Secretary-General set out numerous reform

efforts, all of which OHRM is leading simultaneously. OIOS notes these reform efforts require significant planning and policy development by OHRM in order to achieve Secretariat-wide success.

56. Ongoing reform efforts have increased the need to plan and prioritize beyond current OHRM capacity. In a recent note to the Secretary-General entitled "Human resources management: recommended actions", the Deputy Secretary-General underlined the broad and continuous reform mode that OHRM is responsible for implementing.[27] The document, which was distributed to Secretariat departments, included a long list of resource-intensive human resources actions they were expected to implement. OIOS notes with concern that almost no guidance on how departments should perform these human resources management actions was provided by OHRM, despite the fact that almost all actions were to be started "immediately". OIOS also notes with concern the lack of prioritization associated with this human resources management directive, particularly in light of the numerous survey and interview respondents, to whom human resources authority has been delegated, who have indicated that they have insufficient guidance from OHRM to carry out their current authorities in an effective and timely manner. In addition, many OHRM managers report that they and their staff do not have time to perform the regular work on their desks, even without the time-consuming planning needed to effectively direct implementation of human resources management reform initiatives.

2. OHRM's human resources management planning, including succession planning, is limited: vacancy rates, particularly in the field, remain high

57. Senior management compacts and human resources action plans are the primary vehicle that OHRM has used to support regular, ongoing strategic human resources planning. These are intended to establish human resources goals for the Secretariat and to provide a tool to measure progress towards their achievement. They include indicators such as vacancy rates, female staff representation and geographical recruitments from unrepresented and underrepresented Member States. Based on interview data, OIOS found that senior management compacts and human resources action plans are considered to be only somewhat useful as planning tools. Both OHRM managers and their Secretariat partners cite challenges associated with tailoring human resources goals to the realities of different departments. For example, managers at peacekeeping missions state that they face bigger challenges in reducing vacancy rates than do Headquarters operations and that they should not be held accountable if they cannot achieve unrealistic goals. In addition, OIOS found that OHRM has not allocated sufficient resources to support effective implementation of senior management compacts and human resources action plans. As discussed below (see para. 60), very limited OHRM resources have been allocated for planning, reporting and monitoring.

58. To date, OHRM efforts have not resulted in a fully developed succession planning process nor in fully developed succession plans for the Secretariat. Respondents to the OHRM staff survey rated OHRM capacity planning as "poor" to "very poor" (34 per cent) or "fair" (29 per cent) — not a single respondent chose "excellent" and just 37 per cent rated it as "good". OHRM respondents rated their performance on preparing the annual staffing plan for the Secretariat mainly as

[27] Deputy Secretary-General, note to the Secretary-General, 31 March 2008.

"fair" (42 per cent). *OHRM acknowledges a lack of annual staffing plans, but notes that is has introduced an annual early warning system.*

59. Stakeholders concur with the OHRM self-assessment. Most human resources officers and executive officers surveyed rated human resources planning, including succession planning, as only "fair" to "good". Many volunteered that their departments were in need of better succession planning. Over 40 per cent of Secretariat managers rated OHRM as either "poor" or "very poor" with regard to supporting efforts to decrease vacancy rates. For example, the peacekeeping vacancy rate is 23 per cent.[28] OIOS welcomes the recent initiative to introduce the use of senior management compacts and human resources action plans, which include vacancy rate indicators, in peacekeeping missions. However, peacekeeping staff, other Secretariat managers and some OHRM managers told OIOS that while such compacts and action plans establish targets they provide no tools to assist managers in overcoming the hurdles they face in their efforts to reduce vacancy rates. Furthermore, they commented that peacekeeping missions and other departments have limited control over many of the variables that affect vacancy rates.[29] *OHRM states that senior management compacts and human resources action plans were not conceived as tools to improve anything, but rather as systems of establishing goals and targets and monitoring departmental performance.*

60. OHRM resources allocated for Secretariat-wide human resources planning and monitoring are extremely limited. At the time of the evaluation, the Planning, Monitoring and Reporting Section (within the Planning, Administration and Monitoring Service) included only five staff members (1 P-5, 1 P-2 for planning, 1 P-4 for monitoring, 1 P-4 for reporting and 1 GS staff member).

3. Current information technology tools do not facilitate a robust planning process

61. Information technology systems such as IMIS and Galaxy, in addition to supporting processing functions, are tools intended to support human resources planning functions, such as succession planning. However, Secretariat managers, human resources officers, executive officers and OHRM staff all expressed dissatisfaction with these tools. For example, they reported that IMIS contains significant amounts of incorrect staff data, which requires OHRM staff and others to spend time verifying and correcting records before even basic numbers can be used for planning purposes. In addition, IMIS lacks integration and some functions covered by IMIS in one duty station are not automated in other duty stations. Offices away from Headquarters cannot fully access and update data. As indicated above (see para. 20), human resources partners cite Galaxy shortcomings that negatively affect the staff selection process. These same Galaxy shortcomings also negatively affect aspects of human resources planning.

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[28] Vacancy rate for all field missions for the period May 2007 to April 2008; data provided by the Field Personnel Division of the Department of Field Support at the request of OIOS: May 2008 and 29 July 2008 e-mail update (origin of data is the Nucleus system).

[29] OIOS notes that vacancy rates are affected by turnover rates, hiring time frames and the degree to which proactive, timely succession planning occurs.

4. Secretariat managers, staff and other stakeholders cite the need for clearer human resources policies

62. To be a credible leader in human resources management, OHRM needs well-conceived, easy to understand policies supporting the work of Secretariat managers and staff at all duty stations. OHRM also needs to provide ongoing interpretative guidance that meets the needs of management, human resources officers, executive officers and staff. Less than 40 per cent of Secretariat managers report that they are able to obtain clear guidance from OHRM on human resources polices. Most Secretariat managers reported relying on their human resources officers and executive officers for interpretation of human resources rules. Those officers find themselves in a challenging position, reporting that human resources policies, which lend themselves to many different interpretations, are the biggest challenge they face in performing their work. They report that policies are not interpreted in a consistent manner even within OHRM. *OHRM states that in 2008 it has organized standardization of such interpretations across OHRM.* The second biggest challenge they report facing is holding managers accountable for consistent application of human resources rules. Human resources officers and executive officers commented that policies are not practical, not flexible enough to accommodate different circumstances and not clear enough to hold managers and staff fully accountable. Asked to consider the clarity of all Secretariat human resources policies, only 25 per cent of Secretariat staff reported that human resources policies provide clear guidance.

63. The 2003 flexible working arrangements policy illustrates the points made above.[30] The policy is widely known and a majority of staff and managers reported that they are optimistic about achieving a positive work-life balance. However, human resources officers and executive officers and peacekeeping mission data reveal some poor perceptions of the Secretariat's capacity to offer work-life balance to staff. Various challenges are mentioned, including inconsistent implementation of the policy. Management survey data further underline that the flexible working arrangements policy is not, largely, being followed, with most managers indicating that OHRM does not provide sufficient guidance regarding policy implementation.

64. The OHRM Policy Support Unit is responsible for human resources policy development and interpretative guidance. Similar to the OHRM planning function, the Policy Support Unit operates with extremely limited resources. At the time of the evaluation, only three Professional level staff were working in the Unit. As a consequence, the Policy Support Unit and the Planning, Monitoring and Reporting Section do not have sufficient resources to coherently link work being performed on planning, policy development and current reform initiatives. OHRM management acknowledges this problem. OIOS notes that OHRM plans to address this shortcoming, in part, through implementation of a new organizational structure, (see para. 7 above).

[30] See ST/SGB/2003/4.

C. A lack of clarity surrounding delegations of human resources authority and very limited OHRM monitoring decreases accountability for human resources results

65. OHRM delegates significant decision-making authority to Secretariat partners. Examples include: decision-making at multiple stages of the staff selection process; determination of some staff entitlements; and guidance on interpretation of human resources rules. Such a delegation of authority often carries with it responsibility for the performance of processing functions. Specific authorities delegated to Secretariat departments differ, depending on a number of factors, including the OHRM assessment of a department's capacity to perform different human resources functions. Currently, the Field Personnel Division of the Department of Field Support (formerly part of the Department of Peacekeeping Operations) has the most authority delegated from OHRM.

1. Weaknesses in current delegation of authority structure identified

66. Based on interviews and surveys, OIOS found several problems related to delegation of authority. Partners to whom authority is delegated welcomed the opportunity to have more control over human resources decision-making, but also identified weaknesses in the current delegation of authority framework. Most human resources officers and executive officers reported that the delegation of authority from OHRM to their departments is working only "somewhat effectively". Ratings from peacekeeping mission officers were even lower. Human resources management staff in offices away from Headquarters were also more likely to rate this negatively. At the United Nations Office at Geneva, for example, 9 of 16 human resources managers interviewed by OIOS identified significant problems with the delegation of authority framework.

67. Many respondents cited problems hindering their ability to perform human resources functions delegated to them. They suggested that more streamlined rules that factor in differing staff circumstances without unnecessarily complicating matters would be beneficial and pointed out the need for more guidance in interpreting rules from OHRM. Additionally, respondents cited the need for further clarification of roles, including more explicit information on what departments can decide on and what decision-making authority is retained by OHRM. For example, peacekeeping managers faced with a difficult question in the interpretation of a human resources rule must vet it through the human resources officer at the headquarters of the peacekeeping mission, who may be dependent on the Field Personnel Division of the Department of Field Support in New York, who may be unclear on whether it has authority to make a determination or whether it needs to confer with OHRM before doing so. Interviewees noted that this process can take weeks, even months, and that it is most often not an efficient process. A related problem is the issue of real decision-making authority versus authority to process transactions only, or, as one interviewee put it, "delegation without authority". A high-level interviewee commented that "peacekeeping missions are entrusted to implement a peace agreement, but are not trusted to hire a P-4". Finally, many respondents to whom human resources authority is being delegated cite the need for OHRM to provide sufficient instructions and training to assist them in gaining the information and skills needed to perform the duties expected of them.

68. OHRM acknowledges the problems cited above. Approximately half of OHRM survey respondents expressing an opinion reported that they did not think authority over human resources was being delegated in a consistent and appropriate manner. Furthermore, almost half also reported that OHRM staff members are unclear about their own roles and responsibilities as they relate to human resources authorities delegated to staff outside OHRM.

2. Very limited OHRM monitoring of human resources processes being performed

69. OIOS notes with great concern a significant lack of sufficient OHRM monitoring of the human resources authority delegated to other departments. Large numbers of staff with differing levels of experience and skills have been delegated authority, involving various implementation problems, which are noted above. Those problems make effective monitoring by OHRM of paramount importance. Examples of the risks associated with a lack of sufficient monitoring include the hiring of unqualified staff and improper payment of entitlements. Despite this, OIOS found an almost inconsequential amount of monitoring being performed by OHRM. Only three to four OHRM monitoring missions to offices away from Headquarters take place per year, and those missions are performed by a small team of OHRM staff assembled on an ad hoc basis. *OHRM states that these missions constitute only a part of the monitoring work done by OHRM.* In addition, as noted above, the only OHRM staff assigned exclusively to monitoring is one Professional level officer (P-4). At the time of the evaluation, that staff member was performing monitoring duties with input from the head of the Planning, Monitoring and Reporting Section (P-5) and one General Service staff member. Given this very limited monitoring capacity, it is not surprising that a number of OHRM managers interviewed by OIOS volunteered the following statements: "at present, there is authority without accountability"; "the monitoring function within OHRM is barely surviving"; and "OHRM cannot do substantive monitoring so when something is reported from a department, we try to look into it". OIOS concerns are in line with those expressed in the report of the Secretary-General on accountability findings, which found that "the Secretariat does not systematically monitor delegation of authority".[31]

3. As accountability tools, human resources action plans and senior management compacts are not fully adequate

70. In addition to being strategic planning vehicles, senior management compacts and human resources action plans are intended to ensure accountability. OIOS commends OHRM and the Department of Management for their recent initiative in making those compacts and action plans available on the United Nations Intranet, thus increasing transparency and promoting further accountability, and for establishing and training focal points for the action plans in all departments. Questions remain, however, about the effectiveness of the compacts and plans in achieving accountability and success in meeting Secretariat human resources management goals. OIOS found that many stakeholders are not familiar with either the compacts or the action plans. Among Secretariat managers and other OHRM partners familiar with them, there is, as yet, no full confidence that these tools will assist the Secretariat in meeting its human resources goals. Many human resources partners, as well as OHRM management and staff, do not think that senior

[31] A/62/701 and Corr.1, para. 29.

management compacts and human resources action plans are bringing about improved accountability. For example, 36 per cent of Secretariat managers reporting did not think that use of the compacts and action plans had resulted in improved accountability, while 25 per cent believed that they were useful tools. Shortcomings frequently identified included: a lack of tailoring the targets to the realities of different departments; statistics being "cosmetic" in nature rather than reflecting the reality of what is being achieved; departments being held accountable for meeting targets that they do not have sufficient control over (gender and geographical representation was most often referred to); no sanctions resulting when departments do not meet their human resources management goals; and the fact that senior management compacts and human resources action plans do not measure the performance of results.[32]

71. OIOS notes that a lack of monitoring and effective accountability mechanisms increases five significant organizational risks: (a) inefficient human resources processes; (b) actions not taken in line with Secretariat-wide human resources rules; (c) demoralization of high performing staff; (d) departments not able to achieve their mandates because they do not have the proper human resources capacity to do so; and (e) increased organizational liability.

D. Medical services are rated favourably, but the growing demand for field-based services presents challenges

72. The mandate of the Medical Services Division is to provide medical services and system-wide coordination of health-related policies at all United Nations duty stations and peacekeeping missions. Its network is comprised of more than 76 clinics operated by the Department of Peacekeeping Operations of the Secretariat and 46 United Nations-sponsored dispensaries worldwide. Owing in large part to the expanding number and size of peacekeeping operations in recent years, the Medical Services Division has faced continuous growth in the services required by its clients.

1. Core medical and administrative services are perceived as effective, but little is done for health awareness activities

73. Survey data show that staff and managers across duty stations perceive the effectiveness of the Medical Services Division as largely positive. Managers of the Division at Headquarters indicate that resources are sufficient for providing core medical and administrative services at Headquarters in New York.[33] However, given the high workload, most medical staff members spend the majority of their time on medical clearances and other primarily administrative medical matters, including the administration of sick leave. Interview data from staff of the Division and OHRM survey data reveal that other important services such as psychological assistance, health awareness activities and activities that promote a safe work environment cannot be given the attention required.

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[32] Results from the accountability survey published in A/62/701 indicated the following shortcomings: to the question "I feel that I may be held responsible for something that is not in my control", 14 per cent strongly agreed and 34 per cent agreed.

[33] Currently, the Medical Services Division in New York operates with 8 doctors, 11 nurses and 1 psychologist. It has 35 staff members overall.

2. A clear structure for coordinating and monitoring a system-wide health-care service is missing, creating vulnerabilities, particularly in the field

74. The Medical Services Division at Headquarters has limited ability to build and develop ongoing supportive relationships with the increasing number of medical facilities away from headquarters. As the focus of services shifts to the field, clearer accountability and reporting mechanisms and effective monitoring and support systems are needed. Based on a limited review of the OHRM medical services function, OIOS found evidence that the current organizational structure has limitations in terms of providing a clear hierarchical structure for coordinating a worldwide health-care service.

75. Medical services field staff usually report to and consult with OHRM for medical advice, and contact the Medical Services Section of the Department of Field Support on logistical matters. However, these lines of responsibility are not clearly spelled out, leading to some duplication of work and confusion. In the field, medical services representatives work with the medical officers of the forces of the troop-contributing countries and, in many instances, have some responsibility for providing services to both United Nations staff and troops. However, responsibilities and accountability are not entirely clear. *OHRM states that the roles and responsibilities of both the Medical Services Division and the Medical Services Section, although clearly delineated, at times overlap owing to the nature of the work of peacekeeping missions. These issues have been and are being discussed between the Medical Services Division and the Medical Services Section.*

E. OHRM is not perceived as being highly client-focused

76. OHRM clients do not perceive the human resources function as being highly effective nor do they perceive OHRM as being client-focused. At the present time, human resources officers and executive officers, management and staff, including staff at peacekeeping missions, do not rate the human resources function as highly effective overall. Across stakeholder groups, almost half report that the function is working "somewhat ineffectively" or "not at all effectively". The objective of OHRM, to be "client focused", has not been fully achieved, with one third of Secretariat managers and staff reporting that it is "not at all customer-oriented". Both managers and staff members cite difficulty in obtaining clear, consistent, timely answers to their human resources-related questions as a main reason for their dissatisfaction.

V. Conclusion

77. OHRM faces significant challenges as the central authority responsible for simultaneously performing strategic human resources planning and policy development, delegating human resources authority throughout the Secretariat and directly providing many human resources services. OHRM is required to perform these functions in a complex environment and within the context of continuous, ambitious reform efforts. In addition, the human resources challenges faced by both OHRM and the Organization at large defy simple solutions. In each functional human resources area, there is a different set of multifaceted challenges, including complex interrelationships. In this environment, effective human resources

management requires strategic prioritization, focus and a significant investment of resources. OIOS commends OHRM for its effort to lead the Secretariat towards highly effective human resources management, but notes, however, that the enormity of the Organization's human resources demands has hampered the effective capacity of OHRM to meet them fully.

78. In order to be more effective and to achieve the desired human resources results, OHRM and the United Nations need to prioritize and to identify which human resources initiatives need to be emphasized. Additional human resources management resources may also be needed. There is a need to better communicate human resources policies and more clearly define delegated authority in this area throughout the Secretariat. More streamlined processes to increase clarity and efficiency as required. The current level of resources, lack of prioritization and clear policies has resulted in a work overload for both OHRM staff and others performing human resources management functions. Improvements along these lines are needed to enable the United Nations to recruit, retain and develop a worldwide staff that is capable of meeting the many challenges the Organization faces.

79. OIOS wishes to acknowledge the excellent cooperation and the diligent work of OHRM and the staff of the Field Personnel Division of the Department of Field Support who took time out of their already full schedules to provide valuable interview, survey and programme data.

VI. Recommendations

Recommendation 1: Develop an integrated framework to enhance the staff selection process, improve support for career development and promote staff mobility

(See finding A, paras. 42-54 and paras. 23-41)

80. OHRM should develop an integrated framework and strategy to enhance selection, career development and mobility of Secretariat staff. Specifically, a task force or other appropriate body should be set up to propose improvements to current Secretariat policies and procedures and to the services offered by OHRM. The work of the task force should address questions such as:

1. What changes can be enacted to promote more fluid, effective career paths that facilitate staffing needs and staff members' career advancement plans?

2. How do the conditions of service changes currently under review fit into a larger framework for the career development of Secretariat staff? *OHRM states that it is in the process of preparing one set of staff rules to cover all staff, which will streamline the current 100, 200 and 300 series of the staff rules. In this context, OHRM will undertake a comprehensive review of all administrative circulars to identify problem areas and streamline the rules to the greatest extent possible.*

3. Where is the current staff selection process falling short with regard to: meeting the Organization's need for qualified managers and staff to perform the functions necessary to achieve Secretariat mandates; rewarding meritorious work performed by current staff; and identifying highly qualified external staff?

4. How can the IT systems that support the staff selection process be improved? How can the integration of the systems of the Field Personnel Division of the Department of Field Support and OHRM be improved?

5. Should the Secretariat develop a more tailored, possibly non-mandatory and more incentive-based mobility programme to achieve better outcomes with regard to development of a multi-skilled, versatile and mobile Secretariat staff? If so, what is the best way to restructure the mobility programme? What reporting system should be put in place to track and quantify self-initiated voluntary staff movements? *OHRM states that the Assistant Secretary-General of OHRM has convened a working group on a talent management system with representatives of offices away from headquarters, executive offices, the Department of Management, OHRM and others. The working group will set strategies for business elements of the talent management system and address policy-related issues.*

6. What actions can be taken to improve the credibility of the staff selection process?

Recommendation 2: Strengthen policy development and corresponding interpretative guidance functions
(See finding B, paras. 55-64)

81. OHRM should strengthen its policy development function, as well as the corresponding interpretative guidance function in order to counter significant risks associated with negative human resources outcomes, such as the inconsistent application of policies.[34] Specifically:

1. Additional resources should be utilized to perform policy development and guidance functions.

2. OHRM should take additional steps to ensure that staff within OHRM and throughout the Secretariat know where to get policy interpretation guidance.

3. OHRM should identify the human resources policies that are posing the greatest risk of not achieving desired outcomes, priorities should be established and OHRM should then work to improve policy guidance in a manner that will mitigate risk.

Recommendation 3: Prioritize implementation of human resources reform initiatives
(See finding B, paras. 55 and 56 and paras. 77-79)

82. Given the enormity of the Organization's human resources demands, including continuous, ambitious reform efforts, OHRM and the Deputy Secretary-General should prioritize the implementation of human resources reform initiatives. Specifically:

1. Recommended actions contained in the recent note to the Secretary-General[27] should be prioritized and implementation time frames should be revisited in order to ensure that they reflect realistic timetables.

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[34] OIOS recognizes that subsequent to its July 2008 data collection OHRM began to implement a restructuring process that increases the emphasis on policy development.

2. OHRM should perform an analysis of the resources needed to implement these actions.

3. OHRM should provide departments with additional guidance on how these human resources management actions should be implemented.

Recommendation 4: Clarify and streamline delegation of authority
(See finding C, paras. 65-71)

83. OHRM should review the current delegation of authority structure and establish a systematic and comprehensive compendium of responsibilities that lists, in detail, all human resources areas where authority has been delegated.[35] OIOS encourages OHRM to do this in consultation with its strategic Secretariat partners so as to clarify roles and responsibilities, improve consistency of policy implementation and reduce time for implementing human resources decisions. More specifically, such a compendium shall:

1. Specify the responsible entity and provide specific guidance on how to interpret the rules for which implementation authority is being delegated.

2. Be updated by the Office of Human Resources Management every biennium.

3. Be accessible on the United Nations Intranet.

OHRM states that a review and rationalization of delegation of authority will be conducted in consultation with the Office's strategic partners.

Recommendation 5: Strengthen monitoring function
(See finding C, paras. 65-71)

84. OHRM should strengthen its monitoring function in order to counter significant risk associated with negative human resources management outcomes.[36] Specifically:

1. Additional resources should be utilized to perform monitoring functions.

2. Monitoring should focus its capacity and resources on coherent and effective implementation of the delegation of authority.

3. Monitoring efforts should also include the identification of those policies that result in inconsistent implementation or considerable time lags and work in closer relationship with policy development and planning services towards improvements.

(*Signed*) Inga-Britt **Ahlenius**
Under-Secretary-General for Internal Oversight Services

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[35] OIOS recognizes that a similar request was made by the OIOS audit report (AH2007/510/1, recommendation 13). However, OIOS did not find evidence of action being taken in this direction and therefore formulated this recommendation.

[36] OIOS recognizes that subsequent to the data collection phase of the evaluation (July 2008) OHRM began implementing a restructuring process that increases the emphasis on monitoring.

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Advancement of women

Supporting efforts to end obstetric fistula

Report of the Secretary-General

Summary

The present report was prepared in response to General Assembly resolution 62/138. Obstetric fistula is a devastating childbirth injury that leaves women incontinent and often isolated from their communities. It is a stark example of continued poor maternal and reproductive health services and an indication of high levels of maternal death and disability. The report outlines efforts to end obstetric fistula at international, regional and national levels, including by the United Nations system. It concludes with recommendations to intensify efforts to end obstetric fistula as part of support to the achievement of Millennium Development Goal 5, including strengthening health systems and increasing levels and predictability of funding.

* A/63/150.

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Contents

		Paragraphs	Page
I.	Introduction	1	3
II.	Background	2–12	3
III.	Efforts at intergovernmental and regional levels	13–26	6
	A. Intergovernmental actions	13–20	6
	B. Regional actions	21–26	8
IV.	Recent actions taken by Member States and the United Nations	27–60	9
	A. Data collection and analysis	27–33	9
	B. Prevention strategies and interventions	34–42	11
	C. Treatment and reintegration strategies and interventions	43–49	14
	D. Advocacy and awareness-raising	50–52	15
	E. Global support and resource mobilization	53–60	16
V.	Conclusion and recommendations	61–65	17

I. Introduction

1. The present report is submitted in accordance with General Assembly resolution 62/138 in which the Assembly requested the Secretary-General to submit a report at its sixty-third session on the implementation of the resolution. This report outlines the main causes of obstetric fistula and efforts by the international community and the United Nations system to address it, as well as recommendations for consideration by the General Assembly. As requested in the resolution, the report is presented under the agenda item entitled "Advancement of women".

II. Background

2. Obstetric fistula is a devastating childbirth injury that leaves women incontinent, ashamed and often isolated from their communities. It is a stark example of poor maternal and reproductive health and an indication of unacceptably high levels of maternal death and disability. It disproportionately affects impoverished women and girls living in rural communities in developing countries. Obstetric fistula is almost entirely preventable through access to quality maternal health care. The same interventions will prevent maternal death and other disabilities. Surgery can mend the injury, and with care to address the social consequences, most women who have lived with fistula can resume full and productive lives. Bringing an end to obstetric fistula requires addressing underlying social and economic inequities that hinder women from fulfilling their reproductive rights, including choosing when to marry and have children, accessing education and reproductive health services, and preventing child marriage and early childbearing.

3. Prolonged, obstructed labour causes the vast majority of obstetric fistulas worldwide. Globally, obstructed labour occurs in nearly 5 per cent of deliveries. When a woman with prolonged, obstructed labour does not receive timely medical care, typically a Caesarean section, the pressure of the baby's head against the woman's pelvis can cause extensive damage. If the woman survives, she may be left with a hole — an obstetric fistula — leaving her continuously leaking urine and/or faeces. Women living with obstetric fistula have typically survived three days of labour and some longer than a week. In as many as 90 per cent of cases, the baby is stillborn or dies within the first week of life.[1]

4. Women living with obstetric fistula experience both medical and social consequences. In addition to leaking urine, women may experience bladder infections, painful sores, kidney failure and infertility. The smell from the constant leaking combined with misperceptions about its cause often results in stigma and ostracism by communities. Many women are abandoned by their husbands and in some cases by their families. They often cannot participate in daily family and community life, such as attending social events, practising their religion or assisting with household tasks. They may find it difficult to maintain a source of income or support, thereby deepening their poverty. Feelings of isolation may affect their mental health, resulting in depression, low self-esteem and in some cases suicide.

[1] L. L. Wall, J. A. Karshima, C. Kirschner and S. D. Arrowsmith, "The obstetric vesicovaginal fistula: characteristics of 899 patients from Jos, Nigeria", *American Journal of Obstetrics and Gynecology*, vol. 190, No. 4 (April 2004), pp. 1011-1019.

5. While robust population-based measurements are lacking, it is generally accepted that at least 2 million women, and as many as 3.5 million, are suffering from obstetric fistula.[2] The World Health Organization (WHO) estimates that approximately 73,000 new cases occur annually,[3] which may be an underestimate as it is based on facility data and the majority likely never reach a hospital. Obstetric fistula occurs most often in areas where maternal mortality is high, such as sub-Saharan Africa and South Asia where the majority of the annual 500,000 maternal deaths occur and maternal mortality ratios often exceed 300 per 100,000 live births.[4] The lifetime risk of maternal death in these regions can be 1,000 times greater than in industrialized regions, representing the greatest health inequity in the world. In regions such as Latin America and the Caribbean and the Arab States, great progress has been made, but some countries and certain populations continue to experience high rates of maternal death. Countries affected by humanitarian emergencies have some of the highest rates.

6. Optimal maternal health, including elimination of obstetric fistula, will ultimately be achieved through universal access to reproductive health. The current situation reflects weak health systems, including inadequate human resources, and lack of access to reproductive health services. Within reproductive health, three interventions will have the most immediate impact on maternal death and disability: family planning, attendance during childbirth by skilled health personnel and emergency obstetric care in the case of complications:

- Family planning can assist in preventing pregnancies among adolescents and reducing the number of pregnancies and therefore exposure to the risk of death or disability. Globally, 37 countries have an unmet need for family planning greater than 20 per cent among married women and 24 countries have a contraceptive prevalence rate for modern methods of less than 10 per cent.[5]

- Less than half of women in Asia and Africa are assisted during delivery by skilled health personnel.[6] Socio-economic disparities are great; for instance, skilled care is 34 percentage points higher for women in the highest socio-economic quintiles than for those in the lowest in the 68 countries accounting for most maternal deaths.[7] The human resource crisis in the health sector contributes to this challenge with WHO estimating that at least 300,000 midwives are required to fill the gaps.[8]

- Emergency obstetric care encompasses medical interventions that can prevent complications from becoming fatal or causing disability such as obstetric

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[2] L. L. Wall, "Obstetric vesicovaginal fistula as an international public-health problem", *The Lancet*, vol. 368, Issue 9542 (30 September 2006), pp. 1201-1209.

[3] C. AbouZahr, "Global burden of maternal death and disability", *British Medical Bulletin*, vol. 67, No. 1 (December 2003).

[4] *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and the World Bank* (Geneva: World Health Organization, 2007).

[5] United Nations Population Fund and the United Nations Population Division, 2008.

[6] World Health Organization, Proportion of births attended by a skilled health worker: 2008 updates.

[7] Countdown 2008 Equity Analysis Group, "Mind the gap: equity and trends in coverage of maternal, newborn and child health services in 54 Countdown countries", *The Lancet*, vol. 371, Issue 9620 (12 April 2008), pp. 1259-1267.

[8] World Health Organization, *The World Health Report 2005: Make Every Mother and Child Count*, (Geneva: 2005).

fistula. The United Nations recommends five facilities offering emergency obstetric care per 500,000 population with at least one providing comprehensive care.[9] Yet, national assessments show that even basic services are often unavailable.[10] Caesarean section, key for preventing obstetric fistula, remains well below the recommended 5 to 15 per cent for the poorest women in countries with high maternal mortality.[11]

7. The persistence of obstetric fistula reflects not only health system constraints, but also the broader economic and sociocultural context. Poverty and gender inequality impede women's opportunities, including access to services. Cultural preferences for unassisted home delivery inhibit utilization of services. The cost of health care can be financially catastrophic for poor families. In addition, the deficiencies of other infrastructure, such as transport and communications, further compound the difficulties of access. These factors impact on the three delays that impede women's arrival to health care: the delay in seeking care, in arriving at a health facility, and in receiving care at the facility.

8. First-time births carry the greatest risk of obstetric fistula and require closer monitoring.[12] Due to declining fertility and decreases in number of births, a rising proportion of all births will be first births, with their special needs. Establishing positive habits among first-time mothers and their partners regarding delivery, infant feeding and birth spacing choices are also likely to shape lifelong behaviours.

9. Adolescent girls are particularly at risk for obstetric fistula and face two to five times greater risk of maternal death compared to women in their twenties. There is evidence that delaying pregnancy until after adolescence may reduce the risk of obstructed labour, and therefore obstetric fistula.[13] The average number of births among girls aged 15 to 19 in developing countries is more than five times greater than for girls from developed countries.[14] Often with few resources and little knowledge about reproductive health, 14 million adolescent girls give birth each year.[15] Malnutrition among girls may stunt pelvic growth and early pregnancies before the pelvis is fully developed can contribute to increased risk of obstructed labour.[16] Adolescent girls are also more likely to give birth without a skilled

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[9] United Nations Children's Fund, World Health Organization and United Nations Population Fund, *Guidelines for Monitoring the Availability and Use of Obstetric Services*, (New York: UNICEF, 1997).

[10] A. Paxton, P. Bailey, S. Lobis and D. Fry, "Global patterns in availability of emergency obstetric care", *International Journal of Gynecology & Obstetrics*, vol. 93, No. 3 (June 2006), pp. 300-307.

[11] C. Ronsmans, S. Holtz and C. Stanton, "Socioeconomic differentials in caesarean rates in developing countries: a retrospective analysis", *The Lancet*, vol. 368, Issue 9546 (28 October 2006), pp. 1516-1523.

[12] J. Kelly and B. E. Kwast, "Epidemiologic study of vesicovaginal fistulas in Ethiopia", *International Urogynaecology Journal*, vol. 4, No. 5 (October 1993), pp. 278-281.

[13] A. O. Tsui, A. A. Creanga and S. Ahmed, "The role of delayed childbearing in the prevention of obstetric fistulas", *International Journal of Gynecology & Obstetrics*, vol. 99, Supplement 1 (November 2007), pp. S98-S107.

[14] Guttmacher Institute, *U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity*, (New York: Guttmacher Institute, 2006).

[15] United Nations Population Fund, 2007. Giving Girls Today and Tomorrow.

[16] J. P. Neilson, T. Lavender, S. Quenby and S. Wray, "Obstructed labour. reducing maternal death and disability during pregnancy", *British Medical Bulletin*, vol. 67, No. 1 (December 2003), pp. 191-204.

attendant. A woman who begins childbearing at a young age usually has more children and at shorter intervals, which is linked to higher risk for maternal death or disability.

10. Additionally, socio-economic factors also contribute to early pregnancy and childbearing, heightening the risk of obstetric fistula. Evidence demonstrates that poor, marginalized girls are more likely to marry and give birth during adolescence than girls with greater economic and educational opportunities. Girls are often expected to have children immediately after marriage, and given their low status within households, others may make decisions about their health and use of services. Child marriage is a violation of the Convention on the Rights of the Child and illegal in many countries. Age at first marriage is rising; however, more than 100 million girls in developing countries will be married before the age of 18 in the next decade.[17]

11. For women living with obstetric fistula, treatment can heal the fistula in 85 to 90 per cent of cases. Few health facilities are able to provide fistula treatment due to the limited number of health professionals with appropriate skills. In addition, staff, equipment and space shortages are common.[18] Many women are not aware, cannot afford or cannot reach services even when available. It has been estimated that approximately 7,000 women are treated annually — just 10 per cent of new cases and barely touching the backlog of 2 million women or more. Owing to the social and psychological consequences, women also need support to rebuild self-esteem and to reintegrate into society. This support may include counselling services, literacy and vocational training, and health education.

12. In 2003, the United Nations Population Fund (UNFPA) and partners launched the global Campaign to End Fistula with the goal of eliminating obstetric fistula by 2015, by preventing and treating obstetric fistula and empowering women to return to society after treatment. The Campaign is now active in more than 45 countries in Africa, Asia and the Arab States. An international partnership, the Obstetric Fistula Working Group, was created in 2003 with the purpose of ensuring global coordination of efforts to eliminate obstetric fistula. The Campaign aims to contribute to Millennium Development Goal 5 to improve maternal health and goal 3 to promote gender equality and empower women.

III. Efforts at intergovernmental and regional levels

A. Intergovernmental actions

13. For two decades, the United Nations and the international community have campaigned to reduce maternal mortality and morbidity. Global commitments were first made at the 1987 International Safe Motherhood Conference in Nairobi. At the 1994 International Conference on Population and Development in Cairo, maternal health was recognized as a key component of sexual and reproductive health. At the

[17] United Nations Population Fund, *Giving Girls Today and Tomorrow: Breaking the Cycle of Adolescent Pregnancy*, 2007.

[18] A. Velez, K. Ramsey and K. Tell, "The Campaign to End Fistula: What have we learned? Findings of facility and community needs assessments", *International Journal of Gynecology & Obstetrics*; vol. 99, Supplement 1 (November 2007), pp. S143-S150.

Fourth World Conference on Women, in Beijing (1995), Governments recognized that entrenched patterns of social and cultural discrimination are major contributors to sexual and reproductive ill-health, including maternal death and disability, along with lack of information and services. Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women requires States to ensure that women have appropriate services in connection with pregnancy, confinement and the post-natal period. Article 24 of the Convention on the Rights of the Child also requires that States take adequate measures to ensure appropriate prenatal and post-natal health care for mothers.

14. In 2000, world leaders reaffirmed commitments to improve maternal health through Millennium Development Goal 5, setting a target to reduce the maternal mortality ratio by 75 per cent by 2015 (see A/56/326). The same interventions that will reduce mortality will also prevent morbidities such as obstetric fistula. The addition of the target of universal access to reproductive health under goal 5 subsequently ensured full coverage of all the factors for improving maternal health. The other Millennium Development Goals, in particular goal 3, goal 4 and goal 6, are closely related to women's health and survival. Currently, progress on goal 5 lags behind all the other goals and has the lowest level of financial support. No region has achieved sufficient annual maternal mortality declines to reach the target. Of the 68 countries that account for most maternal and child deaths, only 16 per cent are on track to reach goals 4 and 5 by 2015.

15. The General Assembly recognized the problem of obstetric fistula in its resolution 60/141 on the girl child, in which the Assembly urged States to promote gender equality and equal access to basic services such as education, nutrition and health care, including sexual and reproductive health. It recognized the role of early childbearing and limited access to sexual and reproductive health as key factors in the persistence of obstetric fistula, maternal mortality and other morbidities.

16. The Special Rapporteur on the right to the highest attainable standard of physical and mental health examined the relationship between the right to health and the reduction of maternal mortality. The report (A/61/338), submitted to the General Assembly in 2006, emphasized that the right to health entitles women to the continuum of maternal health services. It also pointed out that the right to health encompasses entitlements to social, economic, cultural and political determinants of health and called for a human rights campaign against maternal mortality.

17. In 2007, the Secretary-General's report submitted pursuant to resolution 60/141 (A/62/297), noted efforts by the Committee on the Rights of the Child to highlight the continued discrimination against girl children, particularly marginalized girls. The report also focused on child marriages and early pregnancies, noting that in many countries the minimum age of marriage is not established and/or enforced. A special section was dedicated to efforts to end obstetric fistula. The report provided updates on the global Campaign to End Fistula, led by UNFPA in partnership with Member States, United Nations agencies and other organizations.

18. The Commission on the Status of Women in 2007 focused on strategies for the elimination of all forms of discrimination and violence against the girl child. The

adopted agreed conclusions,[19] among other things, urged Governments to take necessary measures to ensure the rights of the girl child in areas such as education and health, including quality reproductive health information and services. They also recognized the higher risk of obstetric fistula and maternal death among adolescents.

19. The October 2007 Women Deliver conference held in London brought nearly 2,000 participants from 109 countries together to mobilize political and financial support for women's health, particularly to prevent maternal death and disability. Expert participants demonstrated that investing in women is an essential element of development. It was the first global forum at which women who had lived with obstetric fistula had the opportunity to speak publicly about their experiences. The conference closed with a pledge by 70 Cabinet ministers and parliamentarians to make the achievement of goal 5 a high priority on the national, regional and international agendas.

20. General Assembly resolution 62/138, entitled "Supporting efforts to eliminate obstetric fistula", with 138 Member States as co-sponsors, was adopted in December 2007. In the resolution the Assembly stressed the interlinkages between poverty, malnutrition, inadequate or inaccessible health services, early childbearing and child marriage as the main causes of obstetric fistula. It also stressed the obligation of States to promote and protect all human rights and fundamental freedoms of women and girls. It further invited States to contribute to efforts to end obstetric fistula, including the UNFPA-led global Campaign to End Fistula.

B. Regional actions

21. Concerned about the lack of progress on goals 4 and 5, the African Regional Reproductive Health Task Force in 2003 called on African countries to develop a road map for accelerated maternal and newborn mortality reduction. The plan, endorsed by WHO, UNFPA, the United Nations Children's Fund (UNICEF), the World Bank and other task force members, aims to help Governments plan and mobilize support for skilled attendance during pregnancy, childbirth and the post-natal period, at all levels of the health system, and strengthen the capacity of individuals, families and communities to improve maternal and newborn health. To date, over 40 African countries have developed road maps.

22. In 2005, Governments and technical partners convened in Johannesburg, South Africa, to develop the Call to Action to Make Motherhood Safer by Addressing Obstetric Fistula. Participants at the meeting, convened by the Government of South Africa, UNFPA and WHO, urged African Governments to ensure the implementation and scale-up of national programmes to address obstetric fistula and improve maternal health. It was recommended that States and civil society should work together to address gender equality and girls' education and to strengthen health systems by adopting a broad multisectoral approach. A strategy for the African Region to eliminate obstetric fistula was developed.

23. In 2006, African health ministers assembled in Maputo to develop a common plan of action for the reproductive health and rights framework endorsed by the

[19] See *Official Records of the Economic and Social Council, 2007, Supplement No. 7* (E/2007/27-E/CN.6/2007/9), chap. I, sect. A.

African Union in January 2006. Reducing maternal mortality and morbidity, including ending obstetric fistula, constitutes a key component of the framework. The Maputo Plan of Action responds to various vulnerabilities, including gender inequality, rural living and youth, and the specific vulnerability of migrants, refugees and displaced persons. Countries in the region are now translating these commitments into national plans and actions.

24. In Asia, the South Asian Association for Regional Cooperation (SAARC) under its 2005-2010 Development Goals incorporated maternal health focusing on reducing maternal mortality and improved nutritional standards for adolescent girls and pregnant women. Key targets include increased skilled birth attendance, pre- and post-natal care and a rapid decline in total fertility rates. SAARC also plans to develop a concept paper on maternal health for the 2009 inter-ministerial summit that will cover priority countries for reducing maternal mortality and morbidity: Afghanistan, Bhutan, India, Nepal and Pakistan.

25. In addition, a Regional Network for Maternal and Neonatal Mortality and Morbidity Reduction is active in South Asia. Members of the Network include the United Nations system, non-governmental organizations, professional associations, regional development banks and SAARC. The Network has identified as priorities the strengthening of health systems focusing on the health workforce, improving the quality of services, scaling up the number of community midwives, and demand creation linked to efforts to improve service affordability. Collective action is focused on advocating for skilled human resources for maternal and newborn health. The Network met in June 2008 to review countries' situations, share experiences and plan approaches to strengthen the workforce.

26. A Regional Inter-agency Task Force for the Reduction of Maternal Mortality was established almost a decade ago in the Latin America and the Caribbean Region to address regional challenges to maternal mortality and morbidity reduction. Members include United Nations agencies, bilateral donor agencies, development banks and non-governmental organizations. The Task Force meets regularly and is guided by an inter-agency strategic consensus developed in 2002. Current priorities include mobilizing political commitment, collecting and analysing data to demonstrate the problem and to identify the most affected populations, and capacity development in strengthening health systems.

IV. Recent actions taken by Member States and the United Nations

A. Data collection and analysis

27. A series on maternal survival in *The Lancet* in 2006 analysed the evidence accumulated over the last 20 years on reducing maternal mortality and morbidity, presenting the most effective interventions based on this evidence. This analysis has assisted in building consensus and a focus on ways to scale up interventions and to strengthen monitoring systems to track trends in maternal deaths and accessibility of maternal health services.[20]

[20] V. Filippi, C. Ronsmans, O. Campbell et al., "Maternal health in poor countries: the broader context and a call for action", *The Lancet*, vol. 368, Issue 9546 (28 October 2006), pp. 1535-1541.

28. Efforts are under way to improve monitoring of progress towards the goal 5 targets, including measurement of both maternal mortality reduction and universal access to reproductive health. In this vein, WHO and UNFPA have proposed priority indicators for national-level monitoring.[21] Among the indicators, there is a subset related to maternal and perinatal health, including obstetric fistula.

29. The 2005 maternal mortality estimates produced by WHO, UNICEF, UNFPA and the World Bank provide an indication of progress towards goal 5.[22] The trend analysis between 1990 and 2005 shows that maternal mortality ratios globally decreased by less than 1 per cent annually, far short of the rate needed to achieve goal 5. The data also highlight the vast inequities between developing and developed countries, with sub-Saharan Africa and South Asia accounting for 86 per cent of maternal deaths in 2005. Similarly, lifetime risk of maternal death[23] ranges from 1 in 7 in Niger to 1 in 7,300 in developed countries.

30. A 2003 needs assessment of nine African countries, by UNFPA and Engender Health, provided one of the first multi-country data sources on obstetric fistula. With support from UNFPA and others, 36 countries have now conducted assessments, documenting baseline information on the problem and its sociocultural dimensions. Poverty was frequently cited as the main underlying cause because of its connection with lack of access to health care, malnutrition, child marriage and early childbearing.[24] Women were prevented from accessing maternal health services due to refusal by relatives, long distances and lack of transport, high costs, and poor quality of services. Existing capacity to treat fistula was found in most countries, as well as challenges due to health worker shortages, inadequate equipment, supplies and facility space, and lack of subsidized care for poor patients. The data and national dissemination have helped to raise awareness about obstetric fistula and to design programmes.

31. Many assessments identified limitations of national data on maternal health, specifically obstetric fistula. Similar challenges were identified in assessments of emergency obstetric care conducted in 32 countries. Data are often not routinely collected through health information systems, hampering analysis of progress. There are efforts in several countries, such as Nigeria and Uganda, to develop national databases on obstetric fistula. Malawi, Morocco, Bangladesh, Nepal and Pakistan have integrated some or all of the indicators for emergency obstetric care recommended by the United Nations[25] in health information systems. The Obstetric Fistula Working Group is working on a report with recommendations for obstetric fistula-related indicators which will be finalized by the end of 2008.

32. Owing to the need for population-level data, the Democratic Republic of the Congo, Ethiopia, Malawi, Mali, Niger, Pakistan, Rwanda and Uganda included modules on obstetric fistula in their Demographic and Health Surveys. Modules varied between countries, but contained questions regarding obstetric fistula knowledge and experience of obstetric fistula symptoms. In Ethiopia, one out of

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[21] World Health Organization and United Nations Population Fund, *National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators* (Geneva: World Health Organization, 2007).

[22] *Maternal Mortality in 2005*, op. cit.

[23] The probability that a 15-year-old female will eventually die from a maternal cause.

[24] Velez et al., op. cit.

[25] *Guidelines for Monitoring the Availability and Use of Obstetric Services*, op. cit.

four women had heard of obstetric fistula. Of those who had, approximately 1 per cent who had ever given birth reported experiencing obstetric fistula symptoms.[26] In Mali, 16 per cent of women had knowledge of obstetric fistula and 0.2 per cent of women who had ever given birth reported ever suffering from obstetric fistula.[27] A standard module has now been developed and will be used in forthcoming surveys, including in Burkina Faso and Kenya.

33. In response to gaps in comparable data, Johns Hopkins University, UNFPA and WHO launched a research study in April 2008 entitled "Prognosis, improvements in quality of life (QOL) and social integration of women with obstetric fistula after surgical treatments". The research will be conducted over two years with partners in seven countries: Bangladesh, Benin, Ethiopia, Mali, Niger, Nigeria and the Sudan. The study aims to measure outcomes of treatment, including physical health and quality of life, with follow-up for one year after treatment.

B. Prevention strategies and interventions

34. Obstetric fistula can be prevented as part of efforts towards achieving goal 5, specifically through universal access to high quality and accessible reproductive health services, with emphasis on those with immediate impact potential: family planning, skilled birth attendance and emergency obstetric care. Lessons can be learned from countries that have successfully reduced maternal mortality and morbidity in relatively short time periods through national political and financial commitment and effective planning, such as Egypt, Honduras, Malaysia, Nicaragua, Sri Lanka and Thailand.

35. To address gaps in maternal care, numerous Governments, with support from United Nations agencies and others, are implementing plans to ensure robust, functioning health systems that provide a full continuum of maternal health care. Malawi, for instance, has finalized, costed and mobilized resources for its National Roadmap for Reducing Maternal and Newborn Mortality and Morbidity and has begun implementation of the operational plan. The plan aims to address staff shortages, limited availability and utilization of maternal health services, weak referral systems and inadequate community participation within a broader health systems approach. Numerous other countries are now mobilizing resources and beginning implementation of their road maps with support from the United Nations and bilateral donors. In Latin America, several partners[28] have organized training courses for representatives from countries in the region on health systems development, utilizing maternal health as a cross-cutting issue to analyse dimensions of health systems.

36. Access to family planning ensures that every pregnancy is wanted and can help to improve maternal and newborn health by ensuring optimal timing, spacing and number of births. Funding and priority for family planning has drastically declined in recent years. Efforts are under way to revitalize family planning efforts, including

[26] Central Statistical Agency, Addis Ababa and ORC Macro, Maryland, United States of America, *Ethiopia Demographic and Health Survey 2005*.

[27] Salif Samaké et al., *Mali: Enquête Démographique et de Santé (EDSM-IV) 2006*.

[28] The Pan American Health Organization (PAHO/WHO), UNFPA, the Swedish International Development Cooperation Agency (SIDA) and the Centro de Investigaciones y Estudios de la Salud (CIES) of Nicaragua.

mobilizing political and financial support. Through programmes in 140 countries, UNFPA works with Governments to ensure that information and a range of family planning methods is offered in all health facilities. In Madagascar, the President brought together faith-based groups, youth leaders, provincial health officers and ministers to underscore the cross-sectoral importance of population dynamics. Yemen has similarly prioritized family planning as a key strategy for improving health and development. WHO, UNFPA, the United States Agency for International Development (USAID) and other partners have recently produced new guidance for health professionals on providing quality family planning services.[29]

37. Member States have embarked on initiatives to increase access to prenatal, delivery and post-natal services, including emergency obstetric care. This includes strengthening health infrastructure with equipment, renovation and reliable supply systems. In addition it requires addressing human resource shortages. One key approach has been to increase the number and enhance the competencies of skilled birth attendants, particularly midwives. Midwives have been fundamental to reducing maternal and neonatal mortality and morbidity in many countries, such as Tunisia and Sri Lanka. In Cambodia, the findings of a comprehensive midwifery review were part of the midterm review of the health sector strategic plan. In Bolivia, the university and the Ministry of Education have endorsed a midwifery diploma programme. The Sudan aims to ensure that at least one midwife is posted to every village and recently revised its midwifery training curriculum to improve the competencies of newly trained midwives. Some developing countries have recently embarked on performance-based contract schemes to motivate health personnel to improve their performance. The experience from Rwanda shows that health facilities that had performance contracts have produced more and better services with lesser expenditure. To support efforts of Member States, UNFPA, WHO and the International Confederation of Midwives are working together to provide guidance for scaling up access to midwifery services.

38. Typical obstacles to accessing care include lack of transportation, large distances and high costs. Senegal recently implemented a policy to reduce socio-economic barriers to maternal health services by making deliveries and Caesarean sections free to reduce financial barriers, and delegating authority to provide emergency obstetric care closer to communities. A number of countries and agencies are also looking at means to promote community-based responses for emergency transport as well as increased collaboration between the health and transport sectors.

39. Many countries recognize the need to find additional ways to finance health services while still supporting the poor and vulnerable. The Honduras Family Allowance Programme includes provision of a voucher to pregnant and lactating mothers and to children under 3 years as a way to improve their health and nutrition.[30] Conditional cash transfers which provide monetary resources to households on condition that they follow specific requirements are now being implemented in Latin America, Africa and Asia with some degree of success.[31]

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[29] *Family Planning: A Global Handbook for Providers*, 2007.

[30] C. Moore, *Assessing Honduras' CCT Programme PRAF, Programa De Asignacion Familiar: Expected and Unexpected Realities*, International Poverty Centre, Country Study No. 15, April 2008.

[31] M. Lagrande, A. Haines and N. Palmer, "Conditional cash transfers for improving uptake of health interventions in low- and middle-income Countries: a systematic review", *JAMA*, vol. 298, No. 16 (24-31 October 2007), pp. 1900-1910.

Social health insurance is being implemented in a number of countries, including most recently Rwanda and Ghana.

40. Effective responses to maternal death and disability consider also the social and cultural determinants. Behaviour change interventions and community mobilization raise awareness and understanding at the community level. A pilot community mobilization project in Eritrea implemented by the Government and supported by UNFPA demonstrated that mobilization of community leaders and training of male and female health educators in safe motherhood can contribute to increased utilization of services. In northern Nigeria, male and female community educators, some of whom are survivors of obstetric fistula, have been trained in maternal health, including prevention of obstetric fistula, as part of a promising pilot supported by UNFPA and Virgin Unite. In a short time, they have reached hundreds of gatekeepers, men and pregnant women, resulting in increased utilization of maternal health services. UNICEF has developed a home-based care training package for community health workers which focuses on birth preparedness during pregnancy, including motivation to deliver with a skilled attendant, awareness-raising on danger signs and early care seeking, coupled with early post-natal visits. These programmes being implemented in some countries are linked with strengthening capacity of health facilities to provide emergency obstetric care.

41. Empowering women who have survived obstetric fistula and their families, for example through peer support groups and counselling, helps prevent a recurrence of obstetric fistula in future pregnancies. It also enables women who have lived with obstetric fistula to play a role in stimulating behaviour change to prevent new cases. A number of non-governmental organizations such as the International Association for Maternal and Neonatal Health (IAMANEH) in Mali engage obstetric fistula survivors as advocates, counsellors and community mobilizers to promote maternal health and girls' education.

42. Investing in education for girls and ending child marriage are critical to ending obstetric fistula and protecting and promoting the rights of the girl child. Girls who are marginalized are those who bear the highest risks of maternal deaths and disabilities, including obstetric fistula. Prevention efforts in some countries target these vulnerable adolescent girls, coupled with interventions that promote girls' education, increase the minimum age at marriage, and promote their access to health services and economic empowerment initiatives. Many countries are now establishing a legal minimum age for marriage, but often have difficulties enforcing the laws, thus requiring additional efforts to change socio-cultural practices. For example, the Government of Ethiopia, with support from UNFPA, launched a Stop Child Marriage campaign to raise awareness about the dangers/rights violations of this harmful practice and enforce the child marriage law. In Guatemala, UNFPA works with partners in supporting indigenous adolescent girls with livelihood skills and job opportunities, along with education in sexual and reproductive health.

C. Treatment and reintegration strategies and interventions

43. Although prevention is the ultimate means of ending obstetric fistula, treatment is still needed for women living with the condition. The average cost of treatment is approximately $300 per case. Member States have embarked on efforts to increase access to obstetric fistula treatment through the upgrading of health facilities and training of health personnel. UNFPA has provided support to more than 40 countries, resulting in treatment for more than 7,800 women and the training of over 500 health professionals since the global Campaign to End Fistula began.

44. Great strides have been made on the normative front with attempts to harmonize standards and to collect evidence-based data to inform national planning. With inputs from experts and the international Obstetric Fistula Working Group, WHO released a manual in 2006 that outlines guiding principles for developing national programmes on prevention of and provision of obstetric fistula treatment and care.[32]

45. Efforts in Ethiopia and Nigeria continue to remain at the forefront. The Addis Ababa Fistula Hospital in Ethiopia, the longest running and largest obstetric fistula treatment centre in the world, is expanding to five satellite centres across Ethiopia. This will enable the hospital to treat women closer to their communities and expand training in obstetric fistula management for health professionals from Ethiopia and other countries. Nigeria has numerous centres around the country and perhaps the largest number of experts in obstetric fistula surgery in the world. Health professionals from around the globe are trained in Babbar Ruga Fistula Hospital every year, and Nigerian doctors travel to other countries to assist in training and providing treatment.

46. Since the Campaign's launch, more than 20 countries have established at least one centre for obstetric fistula treatment. Building upon these national centres, many countries have begun decentralizing services to ensure greater access. In Bangladesh, a national centre of excellence is being established in Dhaka with treatment decentralized to nine regional medical college hospitals. A similar approach has been adopted in Kenya where four hospitals serve as referral centres for the surrounding districts and train district-level providers. The United Republic of Tanzania has developed a three-tiered system of referral for obstetric fistula treatment.

47. Outreach service campaigns also provide an important means of clearing the backlog of cases for treatment, bringing care closer to women and building the capacities of health providers in obstetric fistula treatment. UNFPA is currently field testing guidance on planning outreach treatment services.[33] Twenty-seven outreach service campaigns were organized in Pakistan in 2007 allowing the simultaneous training of health professionals. Similar training workshops were organized in Uganda in 2007 and support was also provided for outreach service campaigns at four sites. Outreach services have been particularly useful in conflict and post-conflict settings where routine services may be difficult to provide. In November 2007, UNFPA together with the staff of Hargeisa Group Hospital and the

[32] World Health Organization, *Obstetric Fistula: Guiding principles for clinical management and programme development*, 2006.

[33] Fistula outreach is conducted in a facility that does not offer regular fistula treatment services.

Ministry of Health launched the first obstetric fistula treatment outreach campaign in Somalia.

48. Obstetric fistula has severe social, economic and psychological consequences for affected women. To address this problem, UNFPA has partnered with civil society organizations to help women reintegrate in society and resume a full life free of stigma. Rehabilitation services focus on rebuilding the self-esteem of women, socio-economic empowerment through income-generating activities, microfunding schemes as well as literacy or vocational training and provision of counselling services to promote health-seeking behaviour to prevent recurrence of obstetric fistula. These organizations also engage in awareness-raising activities in the community to reduce misperceptions and stigma around childbirth complications.

49. Through a partnership between the Government, UNFPA and the Bangladesh Women's Health Coalition, Bangladeshi women seeking obstetric fistula treatment receive rehabilitation services including counselling and a training package on income-generating activities and functional education. Linkages with the National Fistula Treatment Centre ensure continuity of care. In addition, a component is aimed at raising community awareness and ensuring periodic visits to follow up with patients and counsel family members. In Niger, non-governmental organizations provide a package of economic empowerment, reproductive health services to prevent the recurrence of obstetric fistula and counselling and sensitization for family and community members.

D. Advocacy and awareness-raising

50. The needs assessments conducted across countries highlighted the lack of awareness and neglect of the condition making concentrated efforts to advocate and raise awareness imperative. Advocacy efforts have targeted a variety of audiences in both donor and developing countries, including policymakers, health professionals, media and the public. Significant interest has arisen from donor Governments, national and international non-governmental organizations and the private sector. Well-known personalities have become engaged in raising awareness, including Heads of State, First Ladies and celebrities. Increasingly, UNFPA has been supporting the participation of women who have lived with obstetric fistula in advocacy to convince communities and policymakers of the right to treatment and the importance of preventing maternal death and disability.

51. The integration of obstetric fistula into national policies is key to securing political and financial commitment. In many countries, the fight against obstetric fistula has over the last few years been integrated in reproductive and maternal health national agendas. Sixteen countries have now integrated obstetric fistula in relevant national health plans and strategies.[34]

52. Media are being utilized to reach many audiences. Key partnerships have been formed with the media in Ghana through the national Media Communication and Advocacy Network. Radio serves as an important means to reach populations most affected and has been utilized in Côte d'Ivoire, Ghana, Liberia, Nigeria, Pakistan

[34] Afghanistan, Bangladesh, Benin, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Liberia, Malawi, Mali, Mauritania, Niger, Pakistan and Senegal.

and the Sudan, to raise awareness on maternal health and obstetric fistula and to inform women living with obstetric fistula about available treatment and care.

E. Global support and resource mobilization

53. Significant global momentum now exists to address maternal health within the context of the Millennium Development Goals. The events tied to the twentieth anniversary of the Safe Motherhood initiative in 2007 helped to rally support for goal 5. In addition, several global initiatives are under way to support achievement of the health Millennium Development Goals, some formed as lobbying groups of international health organizations for high-level political advocacy, others as alliances of international non-governmental organizations and United Nations agencies to coordinate interventions.

54. Since 2003, the global Campaign to End Fistula has grown from 12 countries to more than 45 African, Asian, and Arab States. More than $50 million[35] in contributions have been leveraged in the last five years to support obstetric fistula activities by partners in the Campaign from Governments, international financial institutions and the private sector, including individual donors. At the global level, the international Obstetric Fistula Working Group promotes global coordination of efforts and plans joint initiatives. The Group, coordinated by UNFPA, includes United Nations agencies, international and regional non-governmental organizations, academic institutions, professional associations, faith-based organizations and health facilities. The Group strives to ensure that obstetric fistula is situated within maternal mortality and morbidity reduction and to generate consensus and evidence on effective strategies for the treatment and reintegration of women living with obstetric fistula.

55. The Partnership for Maternal, Newborn and Child Health, a global health partnership launched in September 2005 which joined maternal, newborn and child health communities into an alliance of some 240 members, continues to grow. The Partnership brings these actors together to make the development case for maternal, newborn and child health and raise visibility and support for these issues. The members work together to align and accelerate activities, develop cohesive messages and share knowledge on effective approaches.

56. Leaders of eight international agencies active in health[36] have formed an informal group aimed at better coordinating support to countries. The group recognizes the need to strengthen health systems and to support one national process in the health sector. Within this framework, the International Health Partnership, launched in September 2007, is an agreement between donor and developing countries, international health agencies including the United Nations, and foundations to improve collaboration, and emphasizes national priorities identified in national health plans. Eight countries in Africa and Asia[37] have joined and more

[35] The figure is based on contributions received for the largest programmes and does not account for all funding.

[36] The United Nations Population Fund, the United Nations Children's Fund, the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the World Bank, the Bill and Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance Health System Strengthening.

[37] Burundi, Cambodia, Ethiopia, Kenya, Mali, Mozambique, Nepal and Zambia.

countries have expressed interest. The Global Health Workforce Alliance is dedicated to identifying and implementing solutions to the health workforce crisis. Hosted by WHO, it brings together national Governments, civil society, finance institutions, health workers, international agencies, academic institutions and professional associations to address the call for urgent and coordinated action on the health workforce crisis, including midwifery.

57. UNICEF, UNFPA, WHO and the World Bank have agreed to better coordinate their support to countries to improve maternal and newborn health. Coordination is guided by a continuum of care and support to one national health plan, drawing on each agency's strengths, assigning key responsibilities for each agency and promoting effective mechanisms for country-level coordination.

58. An Inter-Agency Task Force on Adolescent Girls[38] was established in 2007 under the leadership of UNFPA to support Governments to invest in adolescent girls as a strategy for poverty reduction, prevention of child marriage, reducing maternal mortality and morbidity and the promotion of adolescent health, including sexual and reproductive health. The overall purpose of the Task Force is to strengthen inter-agency collaboration at both global and country levels for more effective programmes targeting adolescent girls.

59. In January 2008 UNFPA established the Thematic Fund for Maternal Health. The Fund seeks to mobilize $500 million over four years to support the 60 countries with the highest maternal mortality. The goal of this initiative is to increase the capacity of health systems to provide a continuum of quality maternal health care, strengthen mechanisms to reduce health inequities and empower communities to exercise their rights to reproductive health.

60. The Countdown to the 2015 Conference held in South Africa in April 2008 drew attention to the challenges of achieving Millennium Development Goals 4 and 5 in 68 priority countries with high maternal and under 5 mortality, culminating with a Statement of Commitment from policymakers, pledging actions towards improving maternal and child health. At the July 2008 Group of Eight (G8) meeting in Japan, the United Nations emphasized the need for a global push to address maternal health. The G8 leaders in their statement on Development in Africa noted that goals 4 and 5 are seriously off-track in some countries and urged greater focus on maternal, newborn and child health and access to reproductive health.

V. Conclusions and recommendations

61. **Considerable progress has been achieved over the last two decades in focusing attention on maternal death and disability, and more recently specifically on obstetric fistula. This has mainly been due to greater evidence on effective interventions, enhanced data collection and analysis, advocacy programmes, partnerships, and subsequently stronger political and financial commitments. There is now greater understanding of the social and economic**

[38] Department of Economic and Social Affairs of the Secretariat, United Nations Population Fund, United Nations Children's Fund, Office of the United Nations High Commissioner for Refugees, United Nations Fund for International Partnerships, Joint United Nations Programme on HIV/AIDS (UNAIDS), International Labour Organization, United Nations Educational, Scientific and Cultural Organization and World Health Organization.

burden that results from poor reproductive and maternal health, its relation to poverty reduction and consensus on key interventions to reduce maternal death and disability. Awareness and recognition of the problem of obstetric fistula have grown exponentially. Countries are increasingly investing in and promoting the prevention, treatment and reintegration of women living with obstetric fistula as part of efforts to improve maternal health.

62. **In addition, multisectoral approaches have been undertaken in many places to draw linkages between poverty, income inequalities, gender disparities, discrimination and poor education, as these contribute to the poor health of women and girls. Efforts include education of women and girls, economic empowerment, including access to microcredit and microfinance, and legal reforms and social initiatives to delay marriage and pregnancy.**

63. **Despite these positive developments, serious challenges remain. The struggle to improve health systems and reduce maternal mortality and morbidity, including obstetric fistula, must not only continue but intensify. There is an urgent need to scale up interventions to prevent the more than 500,000 deaths and 9 million morbidities[39] that occur annually due to complications of pregnancy and childbirth. In addition, women living with obstetric fistula need treatment and reintegration services. The global strategy to achieve this will include, among other things, stronger links between policy formulation and policy implementation in the health sector, increased share of national budget allocations, higher investment in health systems in particular for maternal health, partnerships at the national level between civil society and communities as well as increased cooperation at the global level with financial institutions and other relevant actors.**

64. **Specific actions required to be taken to improve maternal health and to address the issue of obstetric fistula include:**

(a) **Greater investments in health systems, emphasizing human resources, to improve health services and ensure that women and girls have access to the full continuum of reproductive health care, in particular family planning, skilled delivery care and emergency obstetric care. The continuum should cover the period from adolescence through pre-pregnancy, pregnancy, childbirth and the post-natal period;**

(b) **Efforts focused on supporting national plans to strengthen health systems and to access and address the underlying social, cultural and economic determinants of maternal death and disability. Special attention should be paid to areas with the highest maternal mortality and morbidity, particularly in sub-Saharan Africa and South Asia. Within countries, approaches must strive to reach the poor, rural populations and adolescent girls;**

(c) **Investments to support national health plans and address health-care coverage inequalities among socio-economic and age groups, in particular in rural areas. Priorities must include access to a range of contraceptive methods in health facilities and other channels, human resource plans for health workers, especially midwives, and appropriate investments in infrastructure, equipment and supply chains to ensure provision of emergency obstetric care.**

[39] United Nations Statistics Division, Progress towards the MDGs 1990-2005: goal 5, June 2005.

These need to be linked to other health issues that contribute to high maternal mortality and morbidity, such as poor nutrition, HIV and AIDS prevention and malaria control;

(d) At least one referral service or centre for obstetric fistula treatment established in each country with high prevalence, and where possible services should be decentralized to bring care closer to women. Other mechanisms, such as outreach service campaigns, should be utilized until this care can be provided routinely to help reduce the backlog of women awaiting treatment. Additionally, linkages with civil society organizations and women's empowerment programmes should be developed to ensure access to social reintegration support, including counselling, literacy and health education, skills development and income-generating activities;

(e) Making maternal health services and obstetric fistula treatment geographically and financially accessible and culturally acceptable. Geographic access requires adequate distribution of health facilities and personnel, collaboration with the transport sector to ensure affordable transport options and promotion of community-based solutions. Financial access requires innovative mechanisms to ensure that delivery care and obstetric fistula treatment are free or highly subsidized for women who cannot afford it. Service delivery should take into account the cultural preferences of the population;

(f) The mobilization of communities so that they are involved, informed and empowered about maternal health needs, utilize services and support women in accessing services. Civil society organizations can play a role in working with communities. Women who have lived with obstetric fistula can also be empowered to contribute to these efforts, as survivors of obstetric complications. Men and boys particularly need to be engaged to advocate for services and support women to access these services;

(g) Strengthened and expanded interventions to keep adolescent girls in school, stop child marriages, and promote gender equality and positive health-seeking behaviours. Laws against child marriage need to be enforced, followed by innovative incentives for families to delay marriage. Programmes for adolescent girls providing comprehensive life skills, including reproductive health information, need to reach the populations at greatest risk of child marriage and adolescent pregnancy. Reproductive health education programmes in schools need to be maintained to ensure that young people have the information and skills to protect their own health;

(h) Stronger research, monitoring and evaluation to guide implementation of maternal health programmes. Countries should have monitoring and evaluation systems, including community-based notification of obstetric fistula cases and maternal and newborn deaths. Research addressing determinants and consequences of maternal death and disability needs support, including the quality of life consequences of maternal morbidities such as obstetric fistula;

(i) Partnerships and coordination of efforts maintained between a variety of stakeholders at the local, national, regional and global levels to address the multifaceted determinants of maternal mortality and morbidity.

65. **The challenge to end obstetric fistula requires intensified efforts at the national, regional and international levels. These efforts must be part of strengthening health systems to achieve Millennium Development Goal 5. If goal 5 is to be achieved, additional resources must be forthcoming. To support priority countries, at least $1.2 billion per year for family planning and $6 billion annually for maternal health care are required, including for prevention of obstetric fistula. An estimated $750 million would be needed to treat existing and new cases of obstetric fistula between now and 2015, assuming the decline of new cases each year. The funding needs to be predictable and sustained. Continued support should be provided to countries' national plans, United Nations entities including the global Campaign to End Fistula, and the Thematic Fund for Maternal Health, and other global initiatives, dedicated to achieving Millennium Development Goal 5.**